

[illegible]

COMPANY /NAME

HEALTH HAZARDOUS MATERIALS DIVISION
CASE LOG SHEET

OR ATTACH BUSINESS CARD

ADDRESS: _____

PHONE: _____

DATE	INITIAL	FINDINGS/REMARKS
9-17-98	EB	Conducted routine inspection. Issued Facility I.D. _____ to this facility which is both a generator and a handler. also completed DES 2730 with owner's information. Issued NOV APP for CPP completion.
10/5/98	BC	Obtained facility ID# 010382 from MSDS.
11-3-98	EB	Received completed DES 2730 from purchaser.
02/2/99	JP	Inspection conducted. Data Ops pack returned for correction. NOV issued for minor violations. Return file. (NN)
10/16/99	JP	Reinspection revealed compliance except for completion of emergency procedure section of contingency plan. Sample provided and owner to fix procedure to abate inspection. Return file. (NN)
10/21/99	JP	Received fix of emergency procedure for contingency plan. Inspection closed. File. (NN)
10/3/07	CY	I conducted a routine inspection at the facility, observed some violations and issued an NOV with compliance date set for 11/05/07 @
10/31/07	CY	All the violations have been corrected @ earlier than scheduled and are hereby abated, file

Date run : 4/12/2011 12:01:39PM
Run by :
FA0021681 PIAZZA TRUCKING INC

County Fire Department
Facility Information Report

Report #: 5302
Page 1 of 3
Version 100628

OWNER FILE INFORMATION

* Clearly make changes/corrections here.

Owner ID: OW0021681
Owner Name: BASIL PIAZZA
Owner DBA: PIAZZA TRUCKING INC
Owner Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Work/Business Phone: 323-357-1999
Billing/Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
ATTN/Care of: BOB PIAZZA
Ownership Type: New Owner ID:
Tax ID: 95-2668141
Drvr Lics:

FACILITY FILE INFORMATION

Facility ID: FA0021681
Facility Name: PIAZZA TRUCKING INC
No. of Employee: 15
Site Location: 9001 RAYO AVE
SOUTH GATE, CA 90280
Phone: 323-357-1999
Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Operator/Care of: BOB PIAZZA
District: SE - SOUTHEAST
City Code: SGAT SOUTH GATE
CUPA Jurisdiction: CO
Operating Hours: Days: Hours:
SIC Code: 7538 - General automotive repair shops
Business Type / Code: 01 CORPORATION
Station: 054
E-Mail Address: BOBPIAZZA@PIAZZATRUCKING.COM
Account ID: AR0021682

GENERAL HEALTH PROGRAM ELEMENTS

Record ID	Current Program Element	Current Status	# of Unit	EPA #	Effective Date		Changes	
					Reg.	End	Program Element	Status
PR0006119	3001 - HM HANDLER, FEE GROUP 01	Active, billable			09/05/91			
PR0032182	1002 - HW GEN, 6-19 EMPLOYEES	Active, billable			09/19/98			
PR0077731	HB18 - CALIFORNIA ELECTRONIC REPAIRING SUBREMARKER	Active, billable						

Addition Program Element:

CA Waste Code	221	181	132	223	
RCRA Waste Code					
AMOUNT per quarter	200	160	110	130	
UNITS (PUTY) Pounds, Gallons, Tons, Yards	Gallons	Pounds	Gallons	Pounds	

CONSENT GIVEN BY: Aragon

INSPECTOR SIGNATURE: [Signature]

EMPLOYEE ID: 0137

1st DATE & TIME OF INSPECTION: 04/13/11

2nd DATE & TIME OF INSPECTION: 07-19-11

3rd DATE & TIME OF INSPECTION:

Field Notes

LIST ORDER OF INSPECTION AS FOLLOWS: I. OPENING CONFERENCE II. WALK THROUGH III. DOCUMENTS
IV. CLOSING CONFERENCE V. VIOLATIONS

OPENING CONFERENCE: An inspection consent was given by AL Aragon, the fleet manager.

TYPE OF BUSINESS: A trucking facility with an on site maintenance (vehicle) department.

WALK THROUGH: I was guided by AL Aragon during the walk through inspection.

OBSERVATION: Hw - A non updated chemical inventory disclosure listing the following - 11 tanks of propane, 1x 55 gal. drum of 85-140 (gear oil) and 1x 55 gal plastic container of Glycol (NOV issued)

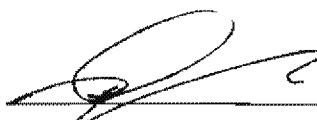
Hw - 2x 110 AST of waste oil (label), 2 containers of oily contaminate shop towels/raags, 1 pants washer, 6 old batteries, 1x 55 gal. drum of off-spec coolant with out label (NOV issued), 1x 55 gal drum of used anti-freeze (label) and 2x 55 gal drums of used and drained waste oil filters (labeled). Safety meetings are held quarterly.

DOCUMENTS: The following documents were reviewed at the time of inspection - Manifest # 007692307 for the waste oil, quantity - 200gals, on 01-03-11 by Jim Knight Drain oil company Inc, waste oil manifest # 008128168 JSK, quantity - 200gals, on 03-02-11 by

CONSENT GIVEN BY:

AL Aragon

INSPECTOR SIGNATURE:



EMPLOYEE ID

139

1st DATE & TIME OF INSPECTION

04/13/11

2nd DATE & TIME OF INSPECTION

3rd DATE & TIME OF INSPECTION

Field Notes

LIST ORDER OF INSPECTION AS FOLLOWS: I. OPENING CONFERENCE II. WALK THROUGH III. DOCUMENTS
IV. CLOSING CONFERENCE V. VIOLATIONS

the same company, Invoice# 0724 for used and drained waste oil filters, waste oil manifest # 008178316 JJK, quantity - 250 gals, dated 03-30-11, manifest# 00384463 FLE, dated 01-17-11 by Safety Kleen for pants washer solution. The battery core exchange is done with ~~Enterprise~~ Peterbilt Company.

CLOSING CONFERENCE: I went through the NOV contacts with AL Aragon and compliance date was set for 05-16-11.

CONSENT GIVEN BY:

AL Aragon

INSPECTOR SIGNATURE:



EMPLOYEE ID

139

1st DATE & TIME OF INSPECTION:

04/13/11

2nd DATE & TIME OF INSPECTION:

3rd DATE & TIME OF INSPECTION:

Unit Jim Alison (fleet mgr).
Work through:

Hum - Non updated chem inventory. (1 d tank of prop)
- 885 W-140 gear lubrication (250V).

How 2x 110 Act of waste oil (label).
x 2 containers of oil / contaminated shop
rag/towels.
1 parts washer (safety klean)

* 6 Old batteries - Done (Interphase)
* 1x 55 gal dr of off spec. coolant (needs label)
1x 55 gal dr of usual Anti freeze (label)
2 x 55 gal dr of used & drained waste oil
filters

~~Ex 15 gal~~
meeting.
* Safety for: Quarterly => Doc.

Documents - Reviewed (Manifests, Invoices, Safety meetings).

Closing Conf. - NOV reviewed & Al Hagon.

NOV 5/16/11

Safety-Kleen Systems, Inc.

5360 Legacy Drive.
Building 2, Suite 100
Piano, Texas 75024
800-668-5740
714-428-4300

CUSTOMER# 325723 PIAZZA TRUCKING INC
8001 RAYO AVE
SOUTH GATE CA 90280-3606
PHONE 323-357-1999

REFERENCE NBR. 52895790
SRVC WEEK: 2011-4
SRVC DATE: 01/17/11 12:29

PURCHASE ORDER#

TAX EXEMPTION NBR

PRODUCT/SERVICES

SERVICE/ PRODUCT	QTY	UNIT PRICE	TAX	TOTAL CHARGE
90837 MODEL 90 W/2387 & 6317 S/N 9031525 TAG 00002387/SK09031525 CLEAN 5.00 SPENT 0.000 SERVICE TERM 4 WEEK SCANNED NO	1.000	135.3400	14.55	149.89
26730 MODEL 26 W/STAND 6317 S/N 0003314 TAG 00001112SK08003314 CLEAN 1.00 SPENT 0.000 SERVICE TERM 4 WEEK SCANNED YES	1.000	84.8900	9.13	94.02
TOTAL SERVICE/PRODUCTS	220.2300	23.68	243.91	
TOTAL CHARGE			243.91	
CREDITS			0.00	
TOTAL DUE			243.91	

UNPAID BALANCE THIS RECEIPT 243.91

Machine clean and good condition? Yes
Lamp Assembly Condition? Yes
Decals in place and legible? Yes
Fusible link installed? Yes
Emergency closing of lid unobstructed? Yes
Machine properly grounded? Yes
Local Phone No. Sticker Affixed to Machine? Yes
Spent solvent meets acceptance criteria? Yes

GENERATOR STATUS
0 - 220 lbs/month

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. Customer certifies that the individual signing this Service Acknowledgment is duly authorized to sign and bind Customer. The following provision is applicable to Safety-Kleen's parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCB's), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or trifluorotrichloroethane dry cleaning solvents. Safety-Kleen and customer agree that this agreement is intended to satisfy the requirements of 40 CFR 262.20(c), IN THE EVENT OF AN EMERGENCY CALL 24 HR EMERGENCY # 1-800-468-1760 @Safety-Kleen Contract # 94138)

X 

CUSTOMER / GENERATOR :Max

X 

TRANSPORTER :brodrig

www.safety-kleen.com // 800-668-5740

NO CHARGE

JIM KNIGHT
DRAIN OIL COMPANY, INC.
7837 OCEANUS DR.
LOS ANGELES, CA 90046
(310) 887-2910 • (562) 434-2419
Fax: (310) 887-2914 • www.jkoil.com

INV. # 55690

CUST. EPA# CAL00027718 EPA CAL 000027718

P.O. # 1-28-11 DATE 1-28-11

NAME PIAZZA TRUCKING

STREET 9001 RAYO AVE

CITY South Gate CA 90280
323-357-1999

GALLONS 700 AMOUNT DUE N/C

Disposal Facilities

<input checked="" type="checkbox"/> Industrial Service Oil 1700 So. Solo Los Angeles, CA 90023 EPA # CAD 099452708	<input type="checkbox"/> Evergreen Environmental Services 16604 S. San Pedro St. Carson, CA 90746 EPA # CAD981 20	<input type="checkbox"/> Demenna/Kardoon 2000 No. Alameda St. Compton, CA 90222 EPA # CAT 080013352	<input type="checkbox"/> Southwest Processors 4120 Bandini Blvd. Los Angeles, CA 90023	<input type="checkbox"/> Remy Environmental Services 3200 E. Frontera St. Anaheim, CA 92806
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PLEASE PAY ON THIS INVOICE. TERMS NET 15

☒ NON-RCRA HAZARDOUS WASTE LIQUID used oil

☐ NON-RCRA HAZARDOUS WASTE LIQUID - WASTE COOLANT

☐ NON-HAZARDOUS WASTE LIQUID

MANIFEST # 007697599 DSK

IMPORTANT NOTICE REGARDING THE DISPOSITION OF YOUR OIL.

Per California Health and Safety Code Section 25250.9, JIM KNIGHT hereby advises customer that customer's shipment of used oil may be transported to a facility that is required to comply with federal regulations applicable to management of used oil, but that is not required to comply with the more stringent requirements applicable to hazardous waste management facilities. California facilities that handle or process used oil are required to meet those more stringent requirements, and some out-of-state facilities that process used oil also meet those requirements. These include more stringent leak detection and prevention requirements, engineering certifications of tank integrity, and financial assurances for closure and accidental releases. It is lawful to send used oil to out-of-state facilities that comply only with federal use oil management standards and not those more stringent requirements. This notification is for information purposes only.

Customer listed above and/or herein hereby acknowledges that the above listed tanks have been performed in accordance with Customer's Instructions and request. Customer warrants that the material removed is of the kind, condition and packaging represented to Black Star Oil Company, (herein after "Company"), and agrees to hold Company harmless, including the cost of legal fees, for any act or omission by company that comes about, directly or indirectly, as a result of erroneous representations or instructions of Customer or Customer's agents, contractors or employees. Customer agrees to pay the invoice in accordance with the terms stated herein. Balance not paid within 30 days from the date above listed shall accrue interest at the maximum rate allowable by law. Should an action for collection of monies due by instituted against Customer, Company shall be entitled to recover attorney's fees expended. Customer hereby represents that the EPA number provided to Company is both valid and active. Customer agrees to hold Company harmless from any action brought by EPA as a result of Customer's compliance with EPA waste disposal regulations.

CUSTOMER'S SIGNATURE [Signature]

DRIVER'S SIGNATURE [Signature]

NO CHARGE

JIM KNIGHT
DRAIN OIL COMPANY, INC.
7837 OCEANUS DR.
LOS ANGELES, CA 90046
(310) 887-2910 • (562) 434-2419
Fax: (310) 887-2914 • www.jkoil.com

INV. # 55603

CUST. EPA# CAL00027718 EPA CAL 000027718

P.O. # 1-3-11 DATE 1-3-11

NAME PIAZZA TRUCKING

STREET 9001 RAYO AVE

CITY South Gate CA 90280
323-357-1999

GALLONS 200 AMOUNT DUE N/C

Disposal Facilities

<input checked="" type="checkbox"/> Industrial Service Oil 1700 So. Solo Los Angeles, CA 90023 EPA # CAD 099452708	<input type="checkbox"/> Evergreen Environmental Services 16604 S. San Pedro St. Carson, CA 90746 EPA # CAD981696420	<input type="checkbox"/> Demenna/Kardoon 2000 No. Alameda St. Compton, CA 90222 EPA # CAT 080013352	<input type="checkbox"/> Southwest Processors 4120 Bandini Blvd. Los Angeles, CA 90023	<input type="checkbox"/> Remy Environmental Services 3200 E. Frontera St. Anaheim, CA 92806
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PLEASE PAY ON THIS INVOICE. TERMS NET 15

☒ NON-RCRA HAZARDOUS WASTE LIQUID used oil

☐ NON-RCRA HAZARDOUS WASTE LIQUID - WASTE COOLANT

☐ NON-HAZARDOUS WASTE LIQUID

MANIFEST # 007697599 DSK

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CUSTOMER'S SIGNATURE [Signature]

DRIVER'S SIGNATURE [Signature]

JIM KNIGHT
DRAIN OIL COMPANY, INC.
7837 OCEANUS DR.
LOS ANGELES, CA 90046
(310) 887-2910 • (562) 434-2419
Fax: (310) 887-2914 • www.jkcoil.com

INV. # **0724**

EPA CAL 000027718

P.O. # _____ DATE 3-1-11

NAME Pizza Trucking

STREET 9001 Rayo Ave

CITY South Gate CA 90280
(323) 357-1999

GALLONS 1 drum AMOUNT DUE N/C

Disposal Facilities

<input checked="" type="checkbox"/> Industrial Service Oil 1700 So. Solo Los Angeles, CA 90023 EPA # CAD 099452708	<input type="checkbox"/> Demenna/Kerdoon 2000 No. Alameda St. Compton, CA 90222 EPA # CAT 080013352	<input type="checkbox"/> Evergreen Environmental Services 16604 S. San Pedro St. Carson, CA 90746 EPA # CAD981696420
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PLEASE PAY ON THIS INVOICE. TERMS NET 15

☒ NON-HAZARDOUS DRAINED USED OIL FILTERS

☐ OTHER

CUSTOMER'S SIGNATURE Jose Rodriguez

DRIVER'S SIGNATURE [Signature]

JIM KNIGHT
DRAIN OIL COMPANY, INC. INV. # **55801**
7837 OCEANUS DR.
LOS ANGELES, CA 90046
(310) 887-2910 • (562) 434-2419
Fax: (310) 887-2914 • www.jkcoil.com

CUST. EPA# CAL000027718 EPA CAL 000027718

P.O. # _____ DATE 3-2-11

NAME PIZZA TRUCKING

STREET 9001 RAYO AVE

CITY SOUTH GATE CA 90280
(323) 357-1999

GALLONS 200 AMOUNT DUE N/C

Disposal Facilities

<input checked="" type="checkbox"/> Industrial Service Oil 1700 So. Solo Los Angeles, CA 90023 EPA # CAD 099452708	<input type="checkbox"/> Evergreen Environmental Services 16604 S. San Pedro St. Carson, CA 90746 EPA # CAD981696420	<input type="checkbox"/> Demenna/Kerdoon 2000 No. Alameda St. Compton, CA 90222 EPA # CAT 080013352	<input type="checkbox"/> Southwest Processors 4120 Bandini Blvd. Los Angeles, CA 90023	<input type="checkbox"/> Remedy Environmental Services 3200 E. Frontera St. Anaheim, CA 92806
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PLEASE PAY ON THIS INVOICE. TERMS NET 15

☒ NON-RCRA HAZARDOUS WASTE LIQUID used oil

☐ NON-RCRA HAZARDOUS WASTE LIQUID - WASTE COOLANT

☐ NON-HAZARDOUS WASTE LIQUID

MANIFEST # 0081725168 OK

IMPORTANT NOTICE REGARDING THE DISPOSITION OF YOUR OIL.

Per California Health and Safety Code Section 25159.9, JIM KNIGHT hereby advises customer that customer's shipment of used oil may be transported to a facility that is required to comply with federal regulations applicable to management of used oil, but that is not required to comply with the more stringent requirements applicable to hazardous waste management facilities. California facilities that handle or process used oil are required to meet these more stringent requirements, and some out-of-state facilities that process used oil also meet these requirements. These include more stringent leak detection and prevention requirements, engineering certifications of tank integrity, and financial assurances for closure and accidental releases. It is lawful to send used oil to out-of-state facilities that comply only with federal use oil management standards and not these more stringent requirements. This notification is for information purposes only.

Customer listed above and/or herein hereby acknowledges that the above listed tasks have been performed in accordance with Customer's instructions and request. Customer warrants that the material removed is of the kind, condition and packaging represented to Jim Knight Drain Oil Company, (herein after "Company"), and agrees to hold Company harmless, including the cost of legal fees, for any act or omission by company that comes about, directly or indirectly, as a result of erroneous representations or instructions of Customer or Customer's agents, contractors or employees. Customer agrees to pay the invoice in accordance with the terms stated herein. Balance not paid within 30 days from the date above listed shall accrue interest at the maximum rate allowable by law. Should an action for collection of monies due by instituted against Customer, Company shall be entitled to recover attorney's fees expended. Customer hereby represents that the EPA number provided to Company is both valid and active. Customer agrees to hold Company harmless from any action brought by EPA as a result of Customer's compliance with EPA waste disposal regulations.

CUSTOMER'S SIGNATURE MAX [Signature]

DRIVER'S SIGNATURE [Signature]

NO charge

JIM KNIGHT
DRAIN OIL COMPANY, INC.
7837 OCEANUS DR.
LOS ANGELES, CA 90046
(310) 887-2910 • (562) 434-2419
Fax: (310) 887-2914 • www.jkoiil.com

INV. # 55961

JIM KNIGHT
DRAIN OIL COMPANY, INC.
7837 OCEANUS OR.
LOS ANGELES, CA 90046
(310) 887-2910 • (562) 434-2419
Fax: (310) 887-2914 • www.jkoiil.com

INV. # 0808

CUST. EPA# CA0007070 EPA CAL 000027718

P.O. # PLAZZA TRUCKING DATE 3-30-11

NAME PLAZZA TRUCKING

STREET 9001 RAYO AVE

CITY South Gate CA 90280

GALLONS 250 AMOUNT DUE N/C

Disposal Facilities N/C

<input checked="" type="checkbox"/> Industrial Service Oil 1700 So. Soto Los Angeles, CA 90023 EPA # CAD 099452708	<input type="checkbox"/> Evergreen Environmental Services 16604 S. San Pedro St. Carson, CA 90746 EPA # CAD981696420	<input type="checkbox"/> Demenna/Kerdoon 2000 No. Alameda St. Compton, CA 90222 EPA # CAT 080013352	<input type="checkbox"/> Southwest Processors 4120 Bandini Blvd. Los Angeles, CA 90023	<input type="checkbox"/> Remedy Environmental Services 3200 E. Frontera St. Anaheim, CA 92806
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PLEASE PAY ON THIS INVOICE. TERMS NET 15

☒ NON-RCRA HAZARDOUS WASTE LIQUID used oil

☐ NON-RCRA HAZARDOUS WASTE LIQUID - WASTE COOLANT

☐ NON-HAZARDOUS WASTE LIQUID

MANIFEST # 008178316 JOK

IMPORTANT NOTICE REGARDING THE DISPOSITION OF YOUR OIL.

Per California Health and Safety Code Section 25280.8, JIM KNIGHT hereby advises customer that customer's shipment of used oil may be transported to a facility that is required to comply with federal regulations applicable to management of used oil, but that is not required to comply with the more stringent requirements applicable to hazardous waste management facilities. California facilities that handle or process used oil are required to meet those more stringent requirements, and some out-of-state facilities that process used oil also meet those requirements. These include more stringent leak detection and prevention requirements, engineering certifications of tank integrity, and financial assurances for closure and accidental releases. It is lawful to send used oil to out-of-state facilities that comply only with federal used oil management standards and not these more stringent requirements. This notification is for information purposes only.

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CUSTOMER'S SIGNATURE Frank [Signature]

DRIVER'S SIGNATURE [Signature]

N/C EPA CAL 000027718

P.O. # PLAZZA TRUCKING DATE 3/21/11

NAME PLAZZA TRUCKING

STREET 9001 RAYO AVE

CITY South Gate CA 90280

GALLONS 250 AMOUNT DUE N/C

Disposal Facilities N/C

<input checked="" type="checkbox"/> Industrial Service Oil 1700 So. Soto Los Angeles, CA 90023 EPA # CAD 099452708	<input type="checkbox"/> Demenna/Kerdoon 2000 No. Alameda St. Compton, CA 90222 EPA # CAT 080013352	<input type="checkbox"/> Evergreen Environmental Services 16604 S. San Pedro St. Carson, CA 90746 EPA # CAD981696420
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PLEASE PAY ON THIS INVOICE. TERMS NET 15

☒ NON-HAZARDOUS DRAINED USED OIL FILTERS

☐ OTHER

CUSTOMER'S SIGNATURE [Signature]

DRIVER'S SIGNATURE [Signature]

CUSTOMER#/GENERATOR: 325723

PIAZZA TRUCKING INC
8001 RAYO AVE
SOUTH GATE CA 90280-3606
PHONE 323-357-1999

REFERENCE NBR.
52895790

SRVC DATE: 01/17/11

GENERATOR USEPA ID, CAL0000212070 GENERATOR STATE

MANIFEST#: 003844631fle FORM CD: 1D SK SHIP# 20282D251

CARRIER 1 TNR000050930 SAFETY-KLEEN SYSTEMS, INC.
10625 HICKSON ST UNIT A
EL MONTE, CA. 91731

CARRIER 2

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)

NON-RCRA HAZARDOUS WASTE, LIQUID

(AQUEOUS PARTS WASHER SOLUTION)

FEDERAL WASTE CODES NONE

STATE WASTE CODES 134

TOTAL CONT 1

TYPE DR

WT/VOL G SMDOT 14941

CNT#: 110102426457 QTY: 19 PRDFILE: DIS0135CA CAT CODE:G

DESIGNATED FACILITY NAME/ADDRESS:

SAFETY-KLEEN SYSTEMS, INC.

10625 HICKSON ST UNIT A

EL MONTE CA 91731

FACILITY USEPA ID NO CAT000613893

FACILITY STATE ID NO CAT000613893

GENERATOR STATUS

0 - 220 lbs/month

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. Customer certifies that the individual signing this Service Acknowledgment is duly authorized to sign and bind Customer. The following provision is applicable to Safety-Kleen's parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCB's), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or trifluorotrchloroethane dry cleaning solvents. Safety-Kleen and customer agree that this agreement is intended to satisfy the requirements of 40 CFR 262.20(a). IN THE EVENT OF AN EMERGENCY CALL 24 HR EMERGENCY # 1-800-468-1760 (Safety-Kleen Contract # 94138)

X 

CUSTOMER / GENERATOR :Max

X 

TRANSPORTER :brodrig

LAST PAGE

www.safety-kleen.com //     www.safety-kleen.com

Safety-Kleen Systems, Inc.

5360 Legacy Drive.
Building 2, Suite 100
Plano, Texas 75024
800-669-5740
714-429-4300

CUSTOMER# 325723

PIAZZA TRUCKING INC

9001 RAYO AVE

SOUTH GATE CA 90280-3606

PHONE 323-357-1999

REFERENCE NBR

52662936

SRVC WEEK: 2010-52

SRVC DATE: 12/20/10 12:54

PURCHASE ORDER#

TAX EXEMPTION NBR

PRODUCT/SERVICES

SERVICE/ PRODUCT	QTY	UNIT PRICE	TAX	TOTAL CHARGE
90837 MODEL 90 W/2387 & 6317 S/N 9031525 TAG 00002387SK09031525 SERVICE TERM 4 WEEK SCANNED NO	1.000	123.0300	13.23	136.26
26730 MODEL 26 W/SIAND 6317 S/N 9003314 TAG 0000112SK08003314 SERVICE TERM 4 WEEK SCANNED NO	1.000	77.8800	8.37	86.25
TOTAL SERVICE/PRODUCTS		200.9100	21.60	222.51
		TOTAL CHARGE		222.51
		CREDITS		0.00
		TOTAL DUE		222.51

UNPAID BALANCE THIS RECEIPT

222.51

Machine clean and good condition? Yes
Lamp Assembly Condition Yes
Decals in place and legible? Yes
Fusible link installed? Yes
Emergency closing of lid unobstructed? Yes
Machine properly grounded? Yes
Local Phone No. Sticker Affixed to Machine Yes
Spent solvent meets acceptance criteria? Yes

GENERATOR STATUS

0 - 220 lbs/month

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. The following provision is applicable to Safety-Kleen's parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCB's), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent, paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or trifluorotrichloroethane dry cleaning solvents. Safety-Kleen and customer agree that this agreement is intended to satisfy the requirements of 40 CFR 262.20(e). IN THE EVENT OF AN EMERGENCY CALL 24 HR EMERGENCY # 1-800-468-1760 (Safety-Kleen Contract # 94138)

[Signature]
X

CUSTOMER / GENERATOR :Joan

[Signature]
X

www.safety-kleen.com // Submit // www.safety-kleen.com // Submit // www.safety-kleen.com // Submit

CUSTOMER#/GENERATOR: 325723 PIAZZA TRUCKING INC
9001 RAYO AVE
SOUTH GATE CA 90280-3606
PHONE 323-357-1999

REFERENCE NBR
52662936

SRVC DATE: 12/20/10

GENERATOR USEPA ID: CAL000212070 GENERATOR STATE:
MANIFEST#: 003818252fle FORM CD: ID SK SHIP# 202592933
CARRIER 1 TXR0000050930 SAFETY-KLEEN SYSTEMS, INC.
10625 HICKSON ST UNIT A
EL MONTE, CA. 91731

CARRIER 2

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)

NON-RCRA HAZARDOUS WASTE, LIQUID
(AQUEOUS PARTS WASHER SOLUTION)
FEDERAL WASTE CODES NONE

STATE WASTE CODES 134


TOTAL CONT 2 TYPE OH WT/VOL G SKDOT 14941
CNT#: 101128718099 QTY: 17 PROFILE: 0150135CA CAT CODE:G
CNT#: 100721803344 QTY: 21 PROFILE: 0150135CA CAT CODE:G

DESIGNATED FACILITY NAME/ADDRESS:
SAFETY-KLEEN SYSTEMS, INC.
10625 HICKSON ST UNIT A
EL MONTE CA 91731

FACILITY USEPA ID NO CAT000613893
FACILITY STATE ID NO CAT000613893

GENERATOR STATUS
0 - 220 lbs/month

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. The following provision is applicable to Safety-Kleen's parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCB's), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or trifluoromethane dry cleaning solvents. Safety-Kleen and customer agree that this agreement is intended to satisfy the requirements of 40 CFR 262.20(e). IN THE EVENT OF AN EMERGENCY CALL 24 HR EMERGENCY # 1-800-468-1760 (Safety-Kleen Contract # 94138)


X

CUSTOMER / GENERATOR : Jose


X

TRANSPORTER : brodrig

LAST PAGE

SYSTEMS, INC.

CALIFORNIA CONSOLIDATED MANIFESTING
ADDITIONAL GENERATOR RECEIPT INFORMATION

Safety
Klein

SERVICE DOCUMENT #: 53118579 CUSTOMER #: 325723

CONSOLIDATED MANIFEST DOCUMENT #: 002649317SKS

GENERATOR COMPANY NAME: PIAZZA TRUCKING

GENERATOR CONTACT NAME: MAX Q MILLER

CALIFORNIA STATE WASTE CODES

LINE ITEM (A): 134

LINE ITEM (B): _____

LINE ITEM (C): _____

LINE ITEM (D): _____

TRANSPORTER #1 NAME/ADDRESS: SKS

2120 S. YALE ST

SANTA ANA CA 92704

TRANSPORTER #1 SIGNATURE: [Signature] DATE: 2-16-11

GENERATOR CERTIFICATION AND SIGNATURE

HAVE ESTABLISHED A PROGRAM TO REDUCE THE VOLUME OR QUANTITY AND TOXICITY OF
THE HAZARDOUS WASTE TO THE DEGREE TO BE ECONOMICALLY PRACTICABLE.

GENERATOR SIGNATURE: MAX Q MILLER DATE: 2-16-11

COPY 1 - GENERATOR RETAINS COPY 2 - TRANSPORTER RETAINS COPY 3 - OPTIONAL

77GF-R6564 PRT DATE: 02/10/10

PIAZZA TRUCKING
SAFETY/DRIVERS MEETING
SATURDAY, FEBRUARY 12, 2011

AGENDA

LOG BOOKS

- Make sure to double check your logs, drivers having less then hours available to work their next shift MUST notify dispatch, drivers are responsible for keeping track of their own hours, Use your daily/weekly sheets (i.e. match, 24hr recap, signature/L#, mileage, date and grid entries and your drivers ID number which is the last 4 digits of you SS#). Please use your ruler.

DRIVER VEHICLE INSPECTIONS REPORTS

- Do a complete pre-trip on your equipment to avoid any breakdowns and or delays before you leave the yard, ALL drivers must fill out a drivers D.V.I.R. daily.
- Mileage reports, OTR/ Local

PERSONAL INJURIES

- Use safety equipment at all times (i.e. hard hats, safety glasses, work gloves, safety shoes, etc.)
- If you need to lift and/carry heavy objects GET HELP.
- Be aware when tarping or tying down or un-tying loads, especially when using chain binders.
- Report of physical injuries at once to dispatch, Beth Elkins and/or Al Aragon.
- SoCal Edison- All drivers are now required to wear safety glasses, hard hats, safety vests, safety boots, when entering at any and all facilities associated with SCE. If you are caught by any supervisor, they will report back to Piazza dispatch.
 - Written Warning
 - 3 day Suspension
 - Termination
- Trays-Water
- Solar Turbines- Safety glasses must be worn at any Solar Facility
 - Written Warning
 - 3 day Suspension
 - Termination
- Any customer requiring safety equipment on their facility must be worn at all times.

OVERSIZE LOADS

- Always measure your load height, no matter what. Never take your permit load for granted. Always double check your length and width.
- If dimensions are different from what you have on the permits call dispatch immediately.
- Make sure you have all your permits and provisions.
- If you have any questions about your permits, DO NOT assume, call dispatch.

BILLING AND PAYROLL

- Handbills MUST accompany your paperwork relating to the load (shippers name and address bill of lading #, waiting time, and type of trailer and if you have permits for over height or oversize loads with permits and/or pilots.
- We are still receiving fed-ex envelopes on Wednesday. They are to be here on Tuesday.

MISCELLANEOUS

- You are allowed two (2) truck washes a month and you MUST have PO#.
- Profit tools, dispatch, payroll, invoices.
- Temps to keep logs- DVIR's.
- Dress code, American pride uniform.



RUSH TRUCK CENTER, PICO RIVERA

8830 EAST SLAUSON AVE.
PICO RIVERA CA 90660
562-949-5451

INVOICE DATE 03/05/2011 05:04PM CST	
INVOICE NO S-1253729	PAGE 1
CUSTOMER NO 62365	BRANCH * S *



*** www.rushtruckcenters.com ***

PIAZZA TRUCKING
SOLD TO:
9001 RAYO AVE.
SOUTH GATE CA 90280

PIAZZA TRUCKING
SHIP TO:
9001 RAYO AVE.
SOUTH GATE CA 90280

ANY WARRANTIES ON THE PRODUCT SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THE SELLER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND SELLER NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF SAID PRODUCTS. ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL. NO RETURNS AFTER 30 DAYS. ELECTRICAL PARTS ARE NOT RETURNABLE. ALL SHIPPING BY THE CUSTOMER ARE DUE AND PAYABLE AT THE COMPANY'S OFFICES AT THE STREET ADDRESS SET FORTH ABOVE. I REPRESENT THAT I AM THE CUSTOMER OR AM ACTING AS A DULY AUTHORIZED AGENT OF AND HAVE AUTHORITY TO BIND THE CUSTOMER. CUSTOMER PROMISES TO PAY THE AMOUNT SHOWN HEREON, TOGETHER WITH OTHER CHARGES DUE, IF ANY, IN ACCORDANCE WITH CUSTOMER'S CHARGE AGREEMENT WITH YOU.

CUSTOMER PO	REFERENCE NO			PRICE/PER	EXTENSION
M586373	883034	(323) 855-2127	86	826/86	187
<p style="text-align: center;">*PICKED UP BY CUSTOMER*</p> <p>4- GN CLASSAZ-C1 BATTERY CORE CORE RET 15.00EA 60.00CR</p> <p>ref 34102/s1252118/mg</p> <p>core</p> <p>*****</p> <p>Billing Svc #: 193435</p> <p>*****</p> <p>REMIT TO:</p> <p>INTERSTATE BILLING SERVICE</p> <p>DEPARTMENT 1265</p> <p>P.O. BOX 2153</p> <p>BIRMINGHAM, AL 35287-1265</p> <p>ELECTRICAL PARTS ARE NOT RETURNABLE</p>					

I, the Buyer, or a Agent of Buyer hereby authorizes the above purchase to be done along with the necessary interest and hereby gives you should your employees permission to enter the car or truck he will be used for his own, highway or elsewhere for the purpose of picking and/or inspection in, condition is in and under power and on the motor vehicle records for him, performed or to be performed by a Rush Truck Center of Alabama, Inc., Rush Truck Centers of California, Inc., Rush Truck Centers of Colorado, Inc., Rush Truck Centers of New Mexico, Inc., Rush Truck Centers of Ohio, Inc., Rush Truck Centers of Texas, Inc., Rush Truck Centers of Florida, Inc., Rush Truck Centers of Arizona, Inc., or Rush Truck Centers of Washington, Inc., (Dealer), and as security of the payment of charges to said work, (Customer), whose signature appears hereon, either as Buyer or Agent, hereby agrees to DEALER to provide a vehicle or other property or products purchased (hereinafter called COLLATERAL). CUSTOMER agrees that DEALER'S acceptance of collateral or delivery of payments or failure of DEALER to exercise any right of remedy shall not be a waiver of any obligation of CUSTOMER to pay to DEALER or constitute a waiver of any other debts or obligations subsequently occurring. CUSTOMER shall be in default under this combined Security Agreement upon the happening of any of the following events or conditions:

1. Failure of CUSTOMER to pay DEALER'S charges in full at the time possession of COLLATERAL is returned to CUSTOMER, as in the event customer is accepted for credit by DEALER, failure to pay DEALER'S charges in full within thirty (30) days from Dealer's invoice.
2. Anytime CUSTOMER fails to pay the amount of the obligation as payment is required.

In the event of the Buyer, DEALER shall have the right to repossess and sell, without Court order, COLLATERAL at public or private sale and DEALER may be a purchaser to said sale for a reasonable value, and CUSTOMER shall pay a reasonable attorney's fees and costs of repossession, storage, and return of COLLATERAL. In the event of repossession, CUSTOMER agrees to surrender the Collateral, and assign same to DEALER. CUSTOMER authorizes DEALER, by the event of default, to repossess COLLATERAL without demand, or distress or process in order to pay any proceeds where the COLLATERAL is located. DEALER shall, in addition have all the rights and remedies provided by the Uniform Commercial Code.

CUSTOMER hereby acknowledges that the Vehicle Collateral under this report order is subject to repossession under the Texas Property Code, Section 71.002. The DEALER will require a CUSTOMER to pay the stated cost of repossession by a certified or registered mail or by the vehicle should such a repossession be necessary.

CUSTOMER hereby acknowledges that this combined Security Agreement and Charge Account Agreement was completed before signing by CUSTOMER.

Dealer shall be responsible for damages to loss or damage to such to any property, vehicles or goods left in or on dealer's premises or in the customer's vehicle. It is the customer's complete responsibility to insure no valuables are left in or on the dealer's premises.

PREPARE	SUBTOTAL	TAX STATUS/STATE	SALES TAX	PLEASE PAY
60.00CR	TAXABLE	CA	6.45CR	66.45CR
<p>Customer or Customer's Agent X CREDIT MEMO</p> <p>PAIDMENTS ARE DUE ON OR BEFORE THE 10TH OF THE MONTH ACCOUNTS WILL BE PAID-PAID FIRST DUE ON THE 25TH OF EACH MONTH. NO ORDERS WILL BE BACKLOGED PAYMENT IS NOT RECEIVED BY THE 25TH</p>				<p>TERMS</p> <p>CREDIT MEMO</p>

INVOICE

Page 2 of 2

Ph: (323) 587-3941 Fx: (323) 587-6609
 Email: acctrec14@ameripride.com

Customer Number: 140657000

Account Type: Charge

Invoice Number: 1400064629

Invoice Date: 03/21/2011

Route: 41 LEONARD MAULIT

Service: Weekly - MO

Del Qty	Line Type	Item Description	Bank / Locker	Emp Name	Emp #	Inv	Bill Qty	Total
	Rent	C000MIS MISC CHARGE				1		0.00
VEVEXC	Rent	CDENDWD ROLL TOWEL CABINE				2	2	3.19
VEVEXC	Rent	CT40BLU ROLL TOWEL BLUE				5	5	20.00
VEVEXC	Rent	DISP40P BLK OPEN DISPEN 4000				1	1	0.00
VEVEXC	Rent	LB45WHT BAG-LAUNDRY				2	2	0.80
VEVEXC	Rent	LOKBIG8 8 COMP LOCKER				4	4	12.72
VEVEXC	Rent	MN24BLK MAT 4X6 BLK				1	1	5.35
VEVEXC	Rent	MN30BLK MAT 3X10 BLK				1	1	6.64
VEVEXC	Rent	MPHNDWD DUST MOP WOOD HA				2	2	0.00
VEVEXC	Rent	MS15BLK MAT 3X5 SCRAPER				1	1	3.50
VEVEXC	Rent	MT12HNY MAT 3X4 DAKOTA HO				4	4	16.00
VEVEXC	Rent	MT24WSB MAT 4X6 WINDSOR D				2	2	10.00
VEVEXC	Rent	MT30HNY MAT 3X10 DAKOTA H				3	3	18.00
VEVEXC	Rent	MT30WSB MAT 3X10 WINDSOR				2	2	12.00
VEVEXC	Rent	ST18ORG TOWEL SHOP ORANGE				400	424	38.16
	Inv M	ST18ORG TOWEL SHOP ORANGE Inventory Maintenance					24	12.00
	Sales	TSEATCV TOILET SEAT COVERS						0.00T
	Ser Chg	SRVFIXSERVICE CHARGE						13.00
	Min Inv	Min MinInv						313.68
	Image Care	Image Care						10.53

Subtotal 600.00

Tax 9.750 % 0.00

Total Due: USD 600.00

N. 1.00 EMB. 2.00 PREP. 1.25

Invoice as of 03/21/2011

Current	1-30	31-60	Over 60
1,874.60	279.47	0.00	0.00

Please Remit Payment to : AmeriPride Services, 5950 Alcoa Av, Vernon, CA, 90058-3925 within 27 days.

Thank you for your business !

17.50



Los Angeles County Fire Dept • Health Hazardous Materials Division
Certified Unit Program Agency • Participating Agency



REFER REPLY TO:
Southeast District Office
9155 Telegraph Rd. Suite 102
Pico Rivera, CA 90660
P (562) 654-2620
F (562) 654-2628

INSPECTION REPORT

BUSINESS PIAZZA TRUCKING INC	OWNER BASIL PIAZZA	DATE 04/13/11
ADDRESS 9001 RAYO AVENUE, SOUTH GATE CA 90280.		FA 002681

The following items, if applicable, have been inspected. This document constitutes a Summary of Violations and Notice to Comply if the violation (V) column is checked. Reference: Titles 19 and 22 of the California Code of Regulations (CCR), Chapters 6.5, 6.67, and 6.95 of the Health and Safety Code (HSC), and Titles 11 and 12 of the Los Angeles County Code (Co Ord).

HAZARDOUS WASTE GENERATOR			HAZARDOUS WASTE GENERATOR		
V	SUBJECT	SECTION	V	SUBJECT	SECTION
	Hazardous waste determination	CCR 66262.11	24	Manifest copies retained for 3 years	CCR 66262.40(a)
	Proper disposal of hazardous waste	HSC 25189.5 (a)	25	Consolidated manifest requirements	HSC 25160.2
	Maintain/operate to prevent release/fire	CCR 66265.31	26	Hazardous waste transported by registered hauler	HSC 25163(a)
<input checked="" type="checkbox"/>	Hazardous waste labeling	CCR 66262.34(f)	27	LDR documents retained onsite	CCR 66268.7(a)(6)
	Hazardous waste accumulation time	CCR 66262.34(a-d)	28	Hazardous waste analysis retained for 3 years	CCR 66262.40(c)
	Hazardous materials storage and labeling	CCR 66261.2(f)	29	Personnel training	CCR 66265.16
	Satellite accumulation	CCR 66262.34(e)	30	Contingency plan	CCR 66265.51
	Containers leaking or not in good condition	CCR 66265.171	31	Emergency preparedness/prevention	CCR 66265.30-37
	Hazardous waste containers closed	CCR 66265.173(a)	32	Source Reduction requirements for LQGs	CCR 67100.3
	Separation of incompatibles	CCR 66265.177	33	Biennial Report requirements	CCR 66262.40-41
	Retrograde/accumulated speculatively	CCR 66262.10	34	Excluded recyclable material management	HSC 25143.2/9
	Empty containers	CCR 66261.7	35	Recyclable Material Report	HSC 25143.10
	Used oil management	CHSC 25250.4	36	Site assessment requirements	HSC 25187(a)(1)
	Used oil filter management	CCR 66266.130	37	Closure requirements	CCR 66265.111/114
	Used battery management	CCR 66266.81	38	Reckless management of hazardous waste	HSC 25189.6
	Contaminated textile management	HSC 25144.6	39	Other violation(s)	
	Container inspection - weekly	CCR 66265.174		HAZARDOUS MATERIALS HANDLER	
	Tank inspection - daily	CCR 66265.195	50	Contingency plan/inventory submitted	HSC 25503.5
	Tank operating requirements	CCR 66265.194	51	Plan and inventory updated & accurate	HSC 25505
	EPA ID number[submit DTSC form 1358]	CCR 66262.12	52	Regulated substance registration	HSC 25533(a)
	Hazardous waste transported with manifest	CCR 66262.20		ABOVEGROUND PETROLEUM STORAGE TANK	
	Hazardous waste manifest complete	CCR 66262.23(a)	60	SPEC Plan Referral to RWQCB (213) 576-6600	HSC 25270.3
	Manifest copies to DTSC	CCR 66262.23(a)(4)	70	PERMIT REQUIRED - Submit UP Forms	Co Ord 12.50.075

☐ NO SIGNIFICANT VIOLATIONS OBSERVED ON DATE OF INSPECTION.

☒ NOTICE TO COMPLY: THE VIOLATION(S) CITED MUST BE CORRECTED BY **05-16-11**.

☐ RETURN CERTIFICATION OF COMPLIANCE FOUND ON BACK OF THIS NOTICE.

Attention: The items checked are in violation. A reinspection may occur at any time to verify compliance. Non-compliance could result in reinspection fees, permit revocation, and/or administrative/civil/criminal penalties. Any time granted for correction of the violation(s) does not preclude any enforcement action by this Department or other agencies.

It is improper and illegal for any County officer, employee or inspector to solicit bribes, gifts or gratuities in connection with performing their official duties. Improper solicitations include requests for anything of value such as cash, discounts, free services, paid travel or entertainment, or tangible items such as food or beverages. Any attempt by a County employee to solicit bribes, gifts or gratuities for any reason should be reported immediately to either the County manager responsible for supervising the employee or the Fraud Hotline at (800) 544-6861 or www.lacountyfraud.org.
YOU MAY REMAIN ANONYMOUS.

#4 CCR 66262.34(f): Observed 1x 55 gal drum of off-spec. anti freeze without label at the time of inspection.

Inspected By: CY. Ogunuoya	Consent Given By: AL Aragon	Authorized Representative's Signature: al Aragon
--------------------------------------	---------------------------------------	--



INSPECTION REPORT
SUMMARY OF VIOLATIONS AND NOTICE TO COMPLY

BUSINESS: <u>PIAZZA TRUCKING INC</u>	FA <u>0021681</u>	DATE <u>04/13/11</u>
--------------------------------------	-------------------	----------------------

Provide an appropriate label for the 1x 55 gal ~~drum~~ drum of Off-Spec Anti-freeze stored in truck maintenance area.

#5, #5c 25505: Observed a non-updated chemical inventory disclosure for the facility at the time of inspection. Provide an updated chemical inventory that involves the addition of the following - ~~11~~ tanks of propane, 1x 55 gal drum of 85-140 (gear oil) and 1x 55 gal plastic container of Glycol (Anti-freeze).

Authorized Representative (Signature)

Al Argon

Date run : 10/2/2007 9:19:07AM
Run by : CY
FA0021681 PIAZZA TRUCKING INC

LA County Fire Department
Facility Information Report

Report # : 5302
Page 1 of 3
Version 090607

OWNER FILE INFORMATION

** Clearly make changes/corrections here.*

Owner ID: OW0021681
Owner Name: BASIL PIAZZA
OwnerDBA: PIAZZA TRUCKING INC
Owner Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Work/Business Phone: 323-357-1999
Billing/Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
ATTN/Care of: BOB PIAZZA
Ownership Type:

Tax ID: 95-2668141
Drvr Liens:

FACILITY FILE INFORMATION

Facility ID: FA0021681
Facility Name: PIAZZA TRUCKING INC
No. of Employee: 15
Site Location: 9001 RAYO AVE
SOUTH GATE, CA 90280
Phone: 323-357-1999
Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Operator/Care of: BOB PIAZZA
District: SE - SOUTHEAST
City Code: SGAT SOUTH GATE
CUPA Jurisdiction: CO
Operating Hours: Days: Hours:
SIC Code: 7538 General automotive repair shops
Nature of Business:
Business Type / Code: 01 CORPORATION
Station: 054
Date First Became Operational:

E-Mail Address:

GENERAL HEALTH PROGRAM ELEMENTS

Record ID	Current Program Element	Current Status	EPA #	Effective Date		Changes	
				Beg.	End	Program Element	Status
PR0006119	3001 - HM HANDLER, FEE GROUP 01	Active, billable		09/05/91			
PR0032182	1002 - HW GEN, 6-19 EMPLOYEES	Active, billable		09/19/98			

Addition Program Element:

LA Waste Code	221	181	132	223	
RCLA Waste Code					
AMOUNT per quarter	400/65	140	55	120	
UNITS (GAL) POUNDS, GALLONS, TONS, YARDS	Gallons	Pounds	Gallons	Pounds	

CONSENT GIVEN BY:

Alfonso Aragon

INSPECTOR SIGNATURE:

[Signature]

EMPLOYEE ID:

139

1st DATE & TIME OF INSPECTION:

10/03/07

2nd DATE & TIME OF INSPECTION:

10/31/07

3rd DATE & TIME OF INSPECTION:

Field Notes

LIST ORDER OF INSPECTION AS FOLLOWS: I. OPENING CONFERENCE II. WALK THROUGH III. DOCUMENTS
IV. CLOSING CONFERENCE V. VIOLATIONS

OPENING CONFERENCE: Inspection consent was granted by Alfonso Aragon, the facility's safety manager.

TYPE OF BUSINESS: A trucking facility with 65 trucks being maintained on-site.

WALK THROUGH: I was guided by Alfonso Aragon during the walk through inspection.

OBSERVATION: Hm - A non-updated Hazmat inventory listing Argon and Acetylene (NOW issued).

HW - 2 x 75 gal AST of waste oil, that was unlabeled (NOW issued)

1 x 55 gal drum of used Anti freeze that was unlabeled (NOW issued), no manifest

copy in the facility (NOW issued), no Emergency preparedness/prevention posting in the facility (NOW issued).

1 paint washer that is managed by Safety Kleen.

1 x 55 gal container of used and drained oil filters (labeled). 1 ~~see~~ contaminated shop rag/towel container. Core battery exchange is done with Interstate Battery system.

DOCUMENTS: Review invoice # LS72164 ~~date~~ for the shop rags, dated 08/28/07 by Ameri Pride Uniform Services. Safety meeting documentation which is

CONSENT GIVEN BY: Alfonso Aragon

INSPECTOR SIGNATURE: 

EMPLOYEE ID: 139

1st DATE & TIME OF INSPECTION: 10/03/07

2nd DATE & TIME OF INSPECTION: _____

3rd DATE & TIME OF INSPECTION: _____

Field Notes

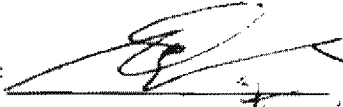
LIST ORDER OF INSPECTION AS FOLLOWS: I. OPENING CONFERENCE II. WALK THROUGH III. DOCUMENTS
IV. CLOSING CONFERENCE V. VIOLATIONS

Normally held once every 3-months
CLOSING CONFERENCE: I went through the
Violations with the Safety manager, Alfonso
Aragon and compliance date was set for 11/05/07.
The Safety manager was advised to call for
re-inspection if compliance is achieved before
the set date hence he indicated that he
would be on vacation on the 5th of November 2007.

Re-check 10/31/07

The violations have been corrected ~~on~~ earlier than
scheduled and are hereby submitted file.

CONSENT GIVEN BY: Alfonso Aragon

INSPECTOR SIGNATURE: 

EMPLOYEE ID: 139

1st DATE & TIME OF INSPECTION: 10-08-07

2nd DATE & TIME OF INSPECTION: 10/31/07

3rd DATE & TIME OF INSPECTION:



Los Angeles County Fire Dept • Health Hazardous Materials Division
Certified Unified Program Agency • Participating Agency

REFER/REPLY TO:

Southeast District Office
7300 Alondra Blvd. #203
Paramount, CA. 90733
(562) 790-1810

INSPECTION REPORT



BUSINESS	PIAZZA TRUCKING INC	OWNER	BASIL PIAZZA	DATE	10-03-07
ADDRESS	9001 RAYO AVENUE, SOUTH GATE 90280			FA	0021681

The following items, if applicable, have been inspected. This document constitutes a Summary of Violations and Notice to Comply if the violation (V) column is checked.

Reference: Titles 19 and 22 of the California Code of Regulations (CCR), Chapters 6.5, 6.6, 7 and 6.9.5 of the Health and Safety Code (HSC), and Titles 11, 12, and 13 of the Los Angeles County Code (Co Ord.)

HAZARDOUS WASTE GENERATOR			HAZARDOUS WASTE GENERATOR		
V	SUBJECT	SECTION	V	SUBJECT	SECTION
1	Hazardous waste determination	CCR 66262.11	24	Manifest copies retained for 3 years	CCR 66262.40(a)
2	Proper disposal of hazardous waste	HSC 25189.5 (a)	25	Consolidated manifest requirements	HSC 25160.2
3	Maintain/operate to prevent release/fire	CCR 66265.31	26	Hazardous waste transported by registered hauler	HSC 25163(a)
4	Hazardous waste labeling	CCR 66262.34(f)	27	LDR documents retained onsite	CCR 66268.7(a)(6)
5	Hazardous waste accumulation time	CCR 66262.34(a-d)	28	Hazardous waste analysis retained for 3 years	CCR 66262.40(c)
6	Hazardous materials storage and labeling	CCR 66261.2(f)	29	Personnel training	CCR 66265.16
7	Satellite accumulation	CCR 66262.34(e)	30	Contingency plan	CCR 66265.51
8	Containers leaking or not in good condition	CCR 66265.171	31	Emergency preparedness/prevention	CCR 66265.30-37
9	Hazardous waste containers closed	CCR 66265.173(a)	32	Source Reduction requirements for LQGs	CCR 67100.3
10	Separation of incompatibles	CCR 66265.177	33	Biennial Report requirements	CCR 66262.40-41
11	Retrograde/accumulated speculatively	CCR 66262.10	34	Excluded recyclable material management	HSC 25143.2/9
12	Empty containers	CCR 66261.7	35	Recyclable Material Report	HSC 25143.10
13	Used oil management	CHSC 25250.4	36	Site assessment requirements	HSC 25187(a)(1)
14	Used oil filter management	CCR 66266.130	37	Closure requirements	CCR 66265.111/H4
15	Used battery management	CCR 66266.81	38	Reckless management of hazardous waste	HSC 25189.6
16	Contaminated textile management	HSC 25144.6	39	Other violation(s)	
17	Container inspection - weekly	CCR 66265.174	HAZARDOUS MATERIALS HANDLER		
18	Tank inspection - daily	CCR 66265.195	50	Contingency plan/inventory submitted	HSC 25503.5
19	Tank operating requirements	CCR 66265.194	51	Plan and inventory updated & accurate	HSC 25505
20	EPA ID number [submit DTSC form 1358]	CCR 66262.12	52	Regulated substance registration	HSC 25533(a)
21	Hazardous waste transported w/ manifest	CCR 66262.20	ABOVEGROUND PETROLEUM STORAGE TANK		
22	Hazardous waste manifest complete	CCR 66262.23(a)	60	SPCC Plan Referral to RWQCB (213) 576-6600	HSC 25270.3
23	Manifest copies to DTSC	CCR 66262.23(a)(4)	70	PERMIT REQUIRED - Submit UP Forms	Co Ord 12.50.075 HSC 25404.1.1

☐ NO SIGNIFICANT VIOLATIONS OBSERVED ON DATE OF INSPECTION.

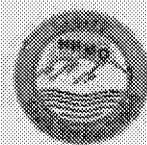
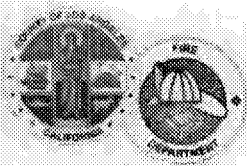
☒ NOTICE TO COMPLY: THE VIOLATION(S) CITED MUST BE CORRECTED BY 11/05/07.

☐ RETURN CERTIFICATION OF COMPLIANCE FOUND ON BACK OF THIS NOTICE.

Attention: The items checked are in violation. A reinspection may occur at any time to verify compliance. Non-compliance could result in reinspection fees, permit revocation, and/or administrative/civil/criminal penalties. Any time granted for correction of the violation(s) does not preclude any enforcement action by this Department or other agencies.

#4 CCR 66262.34(f) Observed the following without labels at the time of inspection: 2 x 75 gal AST of waste oil and 1 x 55 gal drum of used anti freeze. Provide appropriate labels for the above mentioned Hazardous

Inspected By CY. OLINWAYA	Consent Given By: Print Name ALFONSO ARAGON	Authorized Representative's Signature Al Aragon
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INSPECTION REPORT
SUMMARY OF VIOLATIONS AND NOTICE TO COMPLY

BUSINESS: <u>PIAZZA TRUCKING INC.</u>	FA <u>0021681</u>	DATE: <u>10-03-07.</u>
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Waste Containers

31 CCR 66265-30-39 Observed no Emergency preparedness/prevention postings in the facility at the time of inspection. Provide Emergency preparedness/prevention postings in the facility.

51 HSC 25505 Observed a non-updated chemical inventory disclosure for the facility at the time of inspection. Provide an updated chemical inventory which embraces the addition of Argon, and Acetylene for the facility.

24 CCR 66262-40(6) Observed no manifest copy of waste oil disposal from the facility at the time of inspection. Provide current manifest copies for the waste oil disposal from the facility.

Inspected By: <u>CY. CHUNWANA</u>	Authorized Representative Signature: <u>Al Aragon</u>
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5950 ALCOA AVE
VERNON, CA 90058

PH323/587-3941 FX323/587-5407

401661 1964 10 10

8001, RAYO AVE

SOUTH GATE CA 90280

PHOTO 337-1999 MARK# 1150

Flourie

228

007

123

INVOICE

Account No.

Invoice No.

04570-03

L573164

Terms

Date _____

CHARGE

09/28/2007

ADJUSTMENTS

ITEM 1

ITEM 2

EMPLOYEE	SV	DELIVERY	QUANTITY	INVENTORY	ITEM	DESCRIPTION	INVENTORY	ITEM	DESCRIPTION	AMOUNT	REASON CODE	QTY	CREDIT/DEBIT AMOUNT
TIM	1	46	1	9	SHIRT M	2364CGY	9	COVER 42	2415NVY	10.40			
TIM	1	46	2	9	COVER 42	2415NVY			SHORTAGES				
MAX	2	46	2/2	5	FLEX 36X30	2403CCY	10	COVER 48	2415NVY				
MAX	2	46		5	IND W L	2364JIF				10.55			
DEUDY	4	46		2	COVER 48T	2415NVY				1.76			
ALFONSO	6	46	1	3	SHIRT M	2364CGY	2	PANTS 34X28	2400CCY				
ALFONSO	6	46	1	11	SHIRT M	2364CGY	11	FLEX 36X28	2403CCY	10.54			
MIGUEL N	8	46	2/4	11	JEANS 40X30	1590DEN	11	IND W XL	2364JIF				
MIGUEL MORAL	8	46	3	9	COVER 48	2415NVY				13.49			
TOM	10	46		15	SHIRT L	2364CGY				4.22			
LOREN	15	46	1	2	COVER 48	2415NVY	5	COVER 50	2415NVY	5.27			
TANK	17	46		2	COVER 64	2415NVY				1.76			
JOSE CARDENA	21	46	4	10	COVER 42	2415NVY				8.73			
JOSE CARDENA	21	46	1	10	COVER 42	2415NVY			REPLACED				
	21	46							2415NVY				
HECTOR	23	46	1	6	SHIRT 2XL	2365PBL	6	SHIRT 2XL	2365PBL				
HECTOR	23	46		2	COVER 54	2415NVY				5.13			
JOSE P	25	46	6	13	COVER 48	2415NVY				10.54			
JESSE LOZANO	26	46	1	6	NAVY S XL	2364NST	5	NAVY S XL	2365NST	4.22			

POSTED
AUG 31 2007
9:11 PM

AmeriBride
Sewage

INVOICE COPY

POSTED

AUG 31 2007

4

1.00	2.00
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Customer Signature X

ADJ Approval

This delivery is in accordance with
our Rental Service Agreement

PAGE

Thank You!

TOTAL

CR 4241

→ Total Before Adjustment

Net Adjustment

Adj. Tax	
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**FINAL
TOTAL**

All rental items remain the property of supplier.
We charge for all lost or destroyed merchandise.

JIM KNIGHT

DRAIN OIL COMPANY, INC.

INV. # 45013

7837 OCEANUS DR.

LOS ANGELES, CA 90046

(310) 887-2910 • (562) 434-2419

Fax: (310) 887-2914 • www.jkoll.com

CUST. EPA#

EPA CAL 000027718

CAL000212070

P.O. # 111-453054

DATE 7-12-07

NAME PIZZA TRUCKING CO.

STREET 9001 RAYO AVE

CITY South Gate CA 90280

373-257-1999

GALLONS 250

AMOUNT DUE

Disposal Facilities

<input type="checkbox"/> Industrial Service Oil 1700 So. Soto Los Angeles, CA 90023 EPA # CAD 099452708	<input checked="" type="checkbox"/> Evergreen Environmental Services 16604 S. San Pedro St. Carson, CA 90746 EPA # CAD981696420	<input type="checkbox"/> Diemmo/Kerdoon 2000 No. Alameda St. Compton, CA 90222 EPA # CAT 080013352	<input type="checkbox"/> Southwest Processors 4120 Bandini Blvd. Los Angeles, CA 90023	<input type="checkbox"/> Remedy Environmental Services 3200 E. Frontera St. Anaheim, CA 92806
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PLEASE PAY ON THIS INVOICE. TERMS NET 15

☒ NON-RCRA HAZARDOUS WASTE LIQUID

☐ NON-RCRA HAZARDOUS WASTE LIQUID - WASTE COOLANT

☐ NON-HAZARDOUS WASTE LIQUID

SEP 28 2007

MANIFEST # 003047121100K

IMPORTANT NOTICE REGARDING THE DISPOSITION OF YOUR OIL

Per California Health and Safety Code Section 25250.9, JIM KNIGHT hereby advises customer that customer's shipment of used oil may be transported to a facility that is required to comply with federal regulations applicable to management of used oil, but that is not required to comply with the more stringent requirements applicable to hazardous waste management facilities. California facilities that handle or process used oil are required to meet these more stringent requirements, and some out-of-state facilities that process used oil also meet these requirements. These include more stringent leak detection and prevention requirements, engineering certifications of tank integrity, and financial assurances for closure and accidental releases. It is lawful to send used oil to out-of-state facilities that comply only with federal used oil management standards and not these more stringent requirements. This notification is for information purposes only.

Customer listed above and/or herein hereby acknowledges that the above listed tanks have been performed in accordance with Customer's instructions and request. Customer warrants that the material removed is of the kind, condition and packaging represented to Black Star Oil Company, (herein after "Company"), and agrees to hold Company harmless including the cost of legal fees, for any act or omission by company that comes about, directly or indirectly, as a result of erroneous representations or instructions of Customer or Customer's agents, contractors or employees. Customer agrees to pay the invoice in accordance with the terms stated herein. Balance not paid within 30 days from the date above listed shall accrue interest at the maximum rate allowable by law. Should an action for collection of monies due by instituted against Customer, Company shall be entitled to recover attorneys fees expended. Customer hereby represents that the EPA number provided to Company is both valid and active. Customer agrees to hold Company harmless from any action brought by EPA as a result of Customer's compliance with EPA waste disposal regulations.

CUSTOMER'S SIGNATURE

00174

1

Piazza Trucking

CAL000212070

9001 Raye St
South Gate

CA 90280-

OK

(323)357-1999

Date	Inv Nbr	Manifest	Qty	Item	Description	Price	Paid	Date Pd	How Pd	Ref
10/17/2007	67138		6.0	H-1	Drum Label	\$0.00	Yes			
10/8/2007	67058		1.0	DC-7	OIL FILTER DRUM CHARGE	\$38.00	No			
10/8/2007	67058		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	No			
9/17/2007	66677		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	10/17/2007	Check	41431
8/17/2007	66287		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	9/12/2007	Check	41005
7/19/2007	65807		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	8/3/2007	Check	40524
7/9/2007	65519		1.0	DC-0	MISSED SERVICE RESCHE	\$0.00	Yes			
6/13/2007	65045		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	6/26/2007	Check	40066
5/15/2007	64654		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	6/5/2007	Check	39816
4/13/2007	64009		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	5/1/2007	Check	39399
3/22/2007	63515		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	4/17/2007	Check	39236
3/12/2007	63292		1.0	DC-0	MISSED SERVICE RESCHE	\$0.00	Yes			
2/15/2007	62832		12.0	G-20	Absorbent Spillguard	\$10.00	Yes	3/13/2007	Check	38792
2/14/2007	62825		8.0	G-20	Absorbent Spillguard	\$10.00	Yes	3/13/2007	Check	38741
2/8/2007	62745		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	3/1/2007	Check	38652
1/15/2007	62184		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	2/2/2007	Check	38331
11/21/2006	61429		1.0	G-21	Absorbent Greasweep	\$0.00	Yes	12/15/2006	Check	37870
11/21/2006	61429		1.0	H-1	Drum Label	\$2.00	Yes	12/15/2006	Check	37870
11/21/2006	61429		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	12/15/2006	Check	37870
10/30/2006	61101		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	11/22/2006	Check	37510
9/21/2006	60545		10.0	G-21	Absorbent Greasweep	\$10.00	Yes	10/11/2006	Check	37070
9/21/2006	60545		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	10/11/2006	Check	37070
8/29/2006	60225		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	9/20/2006	Check	36806
7/28/2006	59540		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	8/22/2006	Check	36474
6/16/2006	59212		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	7/3/2006	Check	35848
5/15/2006	58537		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	5/31/2006	Check	35374
3/27/2006	57680		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	4/17/2006	Check	34681
3/2/2006	57340		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	3/22/2006	Check	34674
1/24/2006	56890		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	2/16/2006	Check	34308
12/20/2005	56256		2.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	1/19/2006	Check	33929
11/29/2005	55875		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	1/3/2006	Check	33779
10/31/2005	55417		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	11/22/2005	Check	33171
10/5/2005	55059		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	11/16/2005	Check	33111
8/30/2005	54347		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	9/28/2005	Check	32858
8/9/2005	53840		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	8/29/2005	Check	32315
7/20/2005	53599		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	8/3/2005	Check	32071
6/17/2005	53034		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	7/13/2005	Check	31729
5/17/2005	52805		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	6/8/2005	Check	31390
4/26/2005	52260		12.0	G-9	OIL ABSORBENT	\$10.00	Yes	5/13/2005	Check	31170
4/7/2005	51858		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	4/21/2005	Check	30924

00174 1

Piazza Trucking

CAL000212070

9001 Rayo St
South Gate

CA 90280-

OK

(323)357-1999

Date	Inv Nbr	Manifest	Qty	Item	Description	Price	Paid	Date Pd	How Pd	Ref
3/11/2005	51351		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	4/13/2005	Check	30764
2/23/2005	51116		1.0	DC-7	OIL FILTER DRUM CHARGE	\$45.00	Yes	3/23/2005	Check	30532
1/25/2005	50568		1.0	DC-7	OIL FILTER DRUM CHARGE	\$45.00	Yes	2/9/2005	Check	30183
1/13/2005	50389		1.0	D-0	MISSED SERVICE ADJUST	\$0.00	Yes			
12/15/2004	49916		1.0	DC-7	OIL FILTER DRUM CHARGE	\$45.00	Yes	1/19/2005	Check	29932
11/29/2004	49576		1.0	DC-7	OIL FILTER DRUM CHARGE	\$45.00	Yes	12/21/2004	Check	29742
11/2/2004	49212		7.0	G-9	OIL ABSORBENT	\$10.00	Yes	11/24/2004	Check	29464
11/1/2004	49199		4.0	G-9	OIL ABSORBENT	\$10.00	Yes	11/17/2004	Check	29390
11/1/2004	49199		1.0	DC-7	OIL FILTER DRUM CHARGE	\$45.00	Yes	11/17/2004	Check	29390
10/5/2004	48671		1.0	DC-7	OIL FILTER DRUM CHARGE	\$45.00	Yes	10/21/2004	Check	29096
9/7/2004	48237		1.0	DC-7	OIL FILTER DRUM CHARGE	\$45.00	Yes	10/6/2004	Check	28742
8/13/2004	47964		1.0	DC-7	OIL FILTER DRUM CHARGE	\$45.00	Yes	9/9/2004	Check	28615
7/19/2004	47580		1.0	DC-7	OIL FILTER DRUM CHARGE	\$45.00	Yes	8/4/2004	Check	28272
6/21/2004	47113		1.0	DC-7	OIL FILTER DRUM CHARGE	\$45.00	Yes	7/8/2004	Check	27960
5/17/2004	46464		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	6/8/2004	Check	27652
4/19/2004	45944		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	5/10/2004	Check	27323
3/31/2004	45723		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	4/15/2004	Check	27133
3/5/2004	45322		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	3/25/2004	Check	26947
2/3/2004	44677		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	2/25/2004	Check	26863
1/15/2004	44226		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	2/5/2004	Check	26440
12/15/2003	44027		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	1/13/2004	Check	26115
11/10/2003	43579		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	12/5/2003	Check	25839
10/3/2003	43121		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	10/30/2003	Check	25421
9/5/2003	42630		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	9/24/2003	Check	25046
8/5/2003	42161		2.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	8/29/2003	Check	24737
6/18/2003	41529		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	7/14/2003	Check	24224
5/16/2003	41043		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	5/29/2003	Check	23736
5/6/2003	40949		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	5/29/2003	Check	23736
4/8/2003	40534		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	4/24/2003	Check	23385
3/11/2003	39786		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	4/2/2003	Check	23169
2/11/2003	39348		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	2/25/2003	Check	22741
1/9/2003	38842		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	1/23/2003	Check	22453
12/13/2002	38623		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	1/7/2003	Check	22198
12/2/2002	38275		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	12/18/2002	Check	22071
11/18/2002	38081		1.0	DC-0	MISSED SERVICE RESCHE	\$0.00	Yes			
10/29/2002	37905		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	11/13/2002	Check	21698
10/2/2002	37564		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	11/8/2002	Check	21613
9/9/2002	37011		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	9/27/2002	Check	21224
9/4/2002	36748		1.0	D-0	MISSED SERVICE ADJUST	\$0.00	Yes			
8/15/2002	36281		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	8/28/2002	Check	20882

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Piazza Trucking

CAL000212070

9001 Rayo St
South Gate

CA 90280-

OK

(323)357-1998

Date	Inv Nbr	Manifest	Qty	Item	Description	Price	Paid	Date Pd	How Pd	Ref
7/23/2002	36053		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	8/15/2002	Check	20733
7/19/2002	35992		1.0	D-0	MISSED SERVICE ADJUST	\$0.00	Yes			
7/2/2002	35785		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	7/25/2002	Check	20532
6/7/2002	35601		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	6/26/2002	Check	20229
5/23/2002	35301		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	6/5/2002	Check	20009
5/2/2002	34878		10.0	G-9	OIL ABSORBENT	\$10.00	Yes	5/23/2002	Check	19868
5/2/2002	34877		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	5/23/2002	Check	19868
4/11/2002	34704		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	5/1/2002	Check	19589
3/28/2002	34096		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	4/24/2002	Check	19526
2/27/2002	33691		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	3/20/2002	Check	19124
2/21/2002	33679		1.0	D-0	MISSED SERVICE ADJUST	\$0.00	Yes			
2/4/2002	33459		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	2/21/2002	Check	18817
2/4/2002	33459		10.0	G-9	OIL ABSORBENT	\$10.00	Yes	2/21/2002	Check	18817
1/10/2002	33074		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	1/30/2002	Check	18596
1/7/2002	33059		1.0	D-0	MISSED SERVICE ADJUST	\$0.00	Yes			
12/20/2001	32810		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	1/11/2002	Check	18380
11/26/2001	32471		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	12/13/2001	Check	18054
10/31/2001	32133		6.0	G-9	OIL ABSORBENT	\$10.00	Yes	11/29/2001	Check	17857
10/31/2001	32133		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	11/29/2001	Check	17857
10/26/2001	32121		1.0	D-0	MISSED SERVICE ADJUST	\$0.00	Yes			
10/3/2001	31482		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	10/18/2001	Check	17432
8/29/2001	31157		10.0	G-9	OIL ABSORBENT	\$10.00	Yes	9/19/2001	Check	17114
8/29/2001	31157		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	9/19/2001	Check	17114
8/23/2001	31136		1.0	D-0	MISSED SERVICE ADJUST	\$0.00	Yes			
8/2/2001	30819		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	8/29/2001	Check	16912
7/18/2001	30612		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	8/8/2001	Check	16671
6/18/2001	29998		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	7/11/2001	Check	16360
6/13/2001	29983		1.0	DC-0	MISSED SERVICE RESCHE	\$0.00	Yes			
5/24/2001	29805		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	6/13/2001	Check	16081
5/24/2001	29805		10.0	G-9	OIL ABSORBENT	\$10.00	Yes	6/13/2001	Check	16081
5/10/2001	29802		1.0	D-0	MISSED SERVICE ADJUST	\$0.00	Yes			
4/19/2001	29212		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	5/2/2001	Check	15643
3/28/2001	28822		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	4/18/2001	Check	15483
3/16/2001	28632		1.0	D-0	MISSED SERVICE ADJUST	\$0.00	Yes			
2/28/2001	28315		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	3/21/2001	Check	15243
2/12/2001	27753		6.0	G-9	OIL ABSORBENT	\$10.00	Yes	2/27/2001	Check	15060
2/12/2001	27753		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	2/27/2001	Check	15060
1/18/2001	27608		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	2/14/2001	Check	14897
1/10/2001	27376		1.0	DC-0	MISSED SERVICE RESCHE	\$0.00	Yes			
12/19/2000	26897		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	1/10/2001	Check	14500

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Piazza Trucking

CAL000212070

9001 Rayo St
South Gate

CA 90280-

OK

(323)357-1999

Date	Inv Nbr	Manifest	Qty	Item	Description	Price	Paid	Date Pd	How Pd	Ref
12/1/2000	26725		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	12/29/2000	Check	14379
11/14/2000	26315		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	11/30/2000	Check	14163
10/27/2000	26086		1.0	D-0	MISSED SERVICE ADJUST	\$0.00	Yes			
10/11/2000	25490		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	11/3/2000	Check	13867
9/5/2000	24627		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	9/22/2000	Check	13475
7/31/2000	23675		1.0	DC-2	OIL FILTER DRUM CHARGE	\$20.00	Yes	8/17/2000	Check	13125
7/31/2000	23675		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	8/17/2000	Check	13125
6/22/2000	23452		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	7/13/2000	Check	12813
5/12/2000	22568		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	6/1/2000	Check	12422
3/29/2000	21973		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	4/13/2000	Check	11977
2/24/2000	21362		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	3/30/2000	Check	11714
1/24/2000	20895		8.0	G-9	OIL ABSORBENT	\$10.00	Yes	2/10/2000	Check	11394
1/24/2000	20895		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	2/10/2000	Check	11394
12/22/1999	20570		2.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	1/13/2000	Check	11162
11/5/1999	19827		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	11/24/1999	Check	10806
10/28/1999	19786		1.0	D-0	MISSED SERVICE ADJUST	\$0.00	Yes			
9/27/1999	19184		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	10/18/1999	Check	10489
9/3/1999	16645		2.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	10/7/1999	Check	10403
8/11/1999	18656		1.0	D-0	MISSED SERVICE ADJUST	\$0.00	Yes			
7/19/1999	18207		2.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	8/12/1999	Check	10035
6/8/1999	17699		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	6/21/1999	Check	09584
5/17/1999	17037		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	6/14/1999	Check	09532
4/19/1999	17329		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	5/10/1999	Check	09237
3/18/1999	16793		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	4/8/1999	Check	8995
3/2/1999	16686		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	3/18/1999	Check	8838
2/4/1999	16569		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	2/18/1999	Check	8607
1/11/1999	16381		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	1/28/1999	Check	8445
12/15/1998	16204		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	12/24/1998	Check	8181
11/10/1998	15908		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	11/19/1998	Check	7930
10/28/1998	15762		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	11/5/1998	Check	7850
10/1/1998	15493		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	10/14/1998	Check	7607
9/1/1998	15255		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	9/17/1998	Check	7424
8/12/1998	15352		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	8/26/1998	Check	7219
7/10/1998	14607		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	8/11/1998	Check	7067
6/6/1998	14556		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	7/16/1998	Check	6812
5/7/1998	14358		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	5/26/1998	Check	6443
4/8/1998	14031		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	5/12/1998	Check	6325
3/12/1998	13717		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	3/26/1998	Check	6091
2/12/1998	13661		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	2/20/1998	Check	5840
12/29/1997	13192		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	1/23/1998	Check	5595

00174

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Piazza Trucking

CAL000212070

9001 Rayo St
South Gate

CA 90280-

OK

(323)357-1999

Date	Inv Nbr	Manifest	Qty	Item	Description	Price	Paid	Date Pd	How Pd	Ref
11/19/1997	12844		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	12/11/1997	Check	5351
10/31/1997	13315		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	12/11/1997	Check	5351
9/22/1997	12770		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	11/6/1997	Check	5051
8/28/1997	12563		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	10/15/1997	Check	4957
7/23/1997	12223		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	8/11/1997	Check	4676
6/19/1997	11687		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	7/11/1997	Check	4504
5/19/1997	11559		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	6/12/1997	Check	4264
4/7/1997	11050		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	5/9/1997	Check	4112
3/7/1997	10725		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	3/31/1997	Check	3906
1/23/1997	10380		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	3/4/1997	Check	3686
12/20/1996	10153		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	1/23/1997	Check	3496
10/30/1996	9530		1.0	DC-6	OIL FILTER DRUM CHARGE	\$40.00	Yes	11/25/1996	Check	3171
10/1/1996	9321		1.0	DC-6	DRUM CHARGE	\$40.00	Yes	10/31/1996	Check	3022
8/14/1996	8930		1.0	DC-6	DRUM CHARGE	\$40.00	Yes	9/13/1996	Check	2782
6/6/1996	8485		1.0	DC-6	DRUM CHARGE	\$40.00	Yes	6/28/1996	Check	2207
4/19/1996	7848		1.0	DC-6	DRUM CHARGE	\$40.00	Yes	5/22/1996	Check	1982
3/5/1996	7288		1.0	DC-6	DRUM CHARGE	\$40.00	Yes	3/29/1996	Check	1751
1/11/1996	6714		1.0	DC-6	DRUM CHARGE	\$40.00	Yes	2/15/1996	Check	1524

This Service Report is submitted to

Benny's Oil Filter Recycling, Inc.Federal DOT Registration Number 052703 010
040LM

California EPA Number CAR000129254

California Hazardous Waste Authority

Control Number 156146

License Number 134331

CHP Carrier Nbr 161987

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Piazza Trucking

CAL000212070

9001 Rayo St
South Gate

CA 90280-

OK

(323)357-1999

Date	Inv Nbr	Manifest	Qty	Item	Description	Price	Paid	Date Pd	How Pd	Ref
9/17/2007	66877		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	No			
8/17/2007	66287		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	9/12/2007	Check	41005
7/19/2007	65807		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	8/3/2007	Check	40524
7/9/2007	65519		1.0	DC-0	MISSED SERVICE RESCHE	\$0.00	Yes			
6/13/2007	65045		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	6/28/2007	Check	40066
5/15/2007	64654		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	6/5/2007	Check	39816
4/13/2007	64009		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	5/1/2007	Check	39399
3/22/2007	63515		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	4/17/2007	Check	39236
3/12/2007	63282		1.0	DC-0	MISSED SERVICE RESCHE	\$0.00	Yes			
2/15/2007	62832		12.0	G-20	Absorbent Spillguard	\$10.00	Yes	3/13/2007	Check	38792
2/14/2007	62825		8.0	G-20	Absorbent Spillguard	\$10.00	Yes	3/13/2007	Check	38741
2/8/2007	62745		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	3/1/2007	Check	38652
1/15/2007	62184		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	2/2/2007	Check	38331
11/21/2006	61429		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	12/15/2006	Check	37870
11/21/2006	61429		1.0	G-21	Absorbent Greasweep	\$0.00	Yes	12/15/2006	Check	37870
11/21/2006	61429		1.0	H-1	Drum Label	\$2.00	Yes	12/15/2006	Check	37870
10/30/2006	61101		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	11/22/2006	Check	37510
9/21/2006	60545		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	10/11/2006	Check	37070
9/21/2006	60545		10.0	G-21	Absorbent Greasweep	\$10.00	Yes	10/11/2006	Check	37070
8/28/2006	60225		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	9/20/2006	Check	36808
7/28/2006	59540		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	8/22/2006	Check	36474
6/16/2006	59212		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	7/3/2006	Check	35848
5/15/2006	58537		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	5/31/2006	Check	35374
3/27/2006	57680		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	4/17/2006	Check	34881
3/2/2006	57340		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	3/22/2006	Check	34674
1/24/2006	56890		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	2/16/2006	Check	34308
12/20/2005	56256		2.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	1/19/2006	Check	33929
11/29/2005	55875		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	1/3/2006	Check	33779
10/31/2005	55417		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	11/22/2005	Check	33171
10/5/2005	55069		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	11/18/2005	Check	33111
8/30/2005	54347		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	9/28/2005	Check	32656
8/8/2005	53840		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	8/28/2005	Check	32315
7/20/2005	53589		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	8/3/2005	Check	32071
6/17/2005	53034		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	7/13/2005	Check	31728
5/17/2005	52805		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	6/8/2005	Check	31390
4/28/2005	52260		12.0	G-9	OIL ABSORBENT	\$10.00	Yes	5/13/2005	Check	31170
4/7/2005	51858		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	4/21/2005	Check	30924
3/11/2005	51351		1.0	DC-8	OIL FILTER DRUM CHARGE	\$50.00	Yes	4/13/2005	Check	30764
2/23/2005	51116		1.0	DC-7	OIL FILTER DRUM CHARGE	\$45.00	Yes	3/23/2005	Check	30532
1/25/2005	50568		1.0	DC-7	OIL FILTER DRUM CHARGE	\$45.00	Yes	2/9/2005	Check	30183

LA County Fire Department
Facility Information Report

OWNER FILE INFORMATION

Clearly make changes/corrections here.

Owner ID: OW0021681

Owner Name: BASIL PIAZZA

Tax ID:

Owner DBA:

Owner Address: 9001 RAYO AVE
SOUTH GATE, CA 90280

Work/Business Phone: 323-357-1999

Billing/Mailing Address: ~~9001~~ RAYO AVE
SOUTH GATE, CA 90280

ATTN/Care of: BOB PIAZZA

Ownership Type:

*Leave
HW-9002
Same.*

FACILITY FILE INFORMATION

Facility ID: FA0021681

Facility Name: PIAZZA TRUCKING INC

Site Location: 9001 RAYO AVE
SOUTH GATE, CA 90280

Phone: 323-357-1999

Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280

Operator/Care of: BOB PIAZZA

E-Mail Address:

District: SE - SOUTHEAST

City Code: SGAT

CUPA Jurisdiction: CO

Operating Hours: Days: Hours:
SIC Code: 7538 General automotive repair shops

Nature of Business:

Business Type / Code:

Station: 054

Date First Became Operational:

Employee is same.

GENERAL HEALTH PROGRAM ELEMENTS

Record ID	Current Program Element	Current Status	EPA #	Effective Date		----- Changes -----	
				Beg.	End	Program Element	Status
PR0006119	3001 - HM HANDLER, FEE GROUP 01	Active, billable		09/05/91			
PR00032182	1002 - HW GEN. 6-19 EMPLOYEES	Active, billable		09/19/98			

Addition Program Element:

CA Waste Code	221	134	134		
RCRA Waste Code		D134			
AMOUNT per quarter	300	15	12		
UNITS (PGTY) Pounds, Gallons, Tons, Yards	6	6	6		

CONSENT GIVEN BY:

Robert Piazza

INSPECTOR SIGNATURE:

Ann Prout

EMPLOYEE ID:

89

1st DATE & TIME OF INSPECTION:

09/12/2002 / 15:00

2nd DATE & TIME OF INSPECTION:

3rd DATE & TIME OF INSPECTION:

ENVIRONMENTAL CONTACT INFORMATION

Please clearly make changes/corrections.

Contact Name: BOB PIAZZA
9001 RAYO AVE
SOUTH GATE

Phone : 323-357-1999

Dun & Bradst.: * Please Fill-Out

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT:

Name : BOB PIAZZA
Title : VICE PRESIDENT-OPERATIONS
Business Phone : 323-357-1999
24 - Hour Phone : 800-959-2889
Pager # : 323-855-1869

SECONDARY CONTACT:

JIM ELLISON
SAFETY DIRECTOR
323-357-1999
800-959-2889
323-855-1961

PREVIOUS INSPECTIONS

Activity Date	Program Element	Service	Result	Action	Violation Code	Inspector ID
09/17/98	3001	001	00	00	0021	EE0000086
09/17/98	1002	001	01	00	0	EE0000086

VIOLATIONS LIST

Activity Date	Program Element	Viol Status	Service	Result	Action	Violation Code	Violation Degree	Description
09/17/98	3001	01	001	00	00	0021	0	HM OTHER VIOLATION

CONSENT GIVEN BY: _____

INSPECTOR SIGNATURE: _____

EMPLOYEE ID: _____

1st DATE & TIME OF INSPECTION: _____

2nd DATE & TIME OF INSPECTION: _____

3rd DATE & TIME OF INSPECTION: _____

I OPENING CONFERENCE

BUSINESS IS TRUCKING COMPANY IN AN INDUSTRIAL AREA
OF SOUTHGATE NEAR THE TIO / LA RIVER.

PURPOSE OF INSPECTION (INVESTIGATE PATH OF 1 TANK AND ROUTINE) MISREPORTING
EXPLAINED. CONSENT BY. OR
OIL.

II WALKTHROUGH

LAST INSPECTION 9/17/1999

① OIL CHANGES → LAIR OIL 2-220 G → NO LIPS → NOV
15W-40
220 G. → OIL FILTERS → 55 G DRUM → LABELS → NOV

② PARTS CLEANER → SAFETY HELM → LACKED SEAL

③ RACK → CINTAS.

④ Welding → 247-02

6 PROPANE - 4 GAL.

Acetylene - 200

HOLES IN WELD → NOV
LACKED SEAL

III DOCUMENTS

⑤ COOLANT → 55 G DRUM → NO LABELS → NOV
CHANGE

① EPA ID # CAT 000613993 (MAIN EMPH CYLINDERS → NOV)
CAL0021070

② CUPA REPORT → OK

③ INVENTORY → NOV → PROVIDED TO COMPLETE

④ CONTINGENCY PLAN → NOV → PROVIDED TO COMPLETE

⑤ TRAINING → OK.

⑥ INSPECTIONS → FORM PROVIDED → NOV

⑦ MANIFESTS - 1/10/02, OIL FILTER, BENNY'S OIL FILTER, 1 DRUM

21845677, 2/12/02, 011, 221, 3006, SIM KANING, LA 90046 → Industrial
21823274, 7/23/02, 221, 2506. Service

NOV ISSUED AND EXPLAINED.

21799467, 8/22/02, 156 0034/124, Safety Mem.

CONTINGENCY PLAN RETURNED FOR COMPLETION.

21649761, 556, COOLANT-134, BLACK STAR OIL, LA 90046. 5/2/2002.

IV Closing Conference → 2 Violations



Los Angeles County • Certified Unified Program Agency
Health Hazardous Materials Division

INSPECTION SUMMARY REPORT

REFER REPLY TO:
Los Angeles County Fire Department
Health Hazardous Materials Division
7300 E. Alondra Blvd Ste., 203
Paramount, CA 90723
Attention: Thomas Provost

OWNER: PIAZZA TRUCKING INC.	BUSINESS: PIAZZA TRUCKING INC.	FA 0021681
ADDRESS: 9001 Rayo Ave. SOUTH GATE 90280		
CONSENT: ROBERT J. PIAZZA, VICE PRESIDENT	AUTH. REP. SIGNATURE: <i>[Signature]</i>	
INSPECTED BY: Thomas Provost	DATE: 08/12/02	

The following items, if applicable, have been inspected. This document constitutes a Summary of Violations and Notice to Comply if the violation (V) column is checked. Reference: Titles 19 and 22 of the California Code of Regulations (CCR), Chapters 6.5, 6.67, and 6.95 of the Health and Safety Code (HSC), and Titles 11 and 12 of the Los Angeles County Code (Co Ord)

☐ PERMIT REQUIRED: Submit completed Unified Program (UP) forms by _____ (Co Ord 12.50.075).

HAZARDOUS WASTE GENERATOR					
~SUBJECT~	~SECTION~	V	~SUBJECT~	~SECTION~	V
1 Hazardous waste determination	CCR 66262.11		24 Manifest copies retained for 3 years	CCR 66262.40(a)	
2 Proper disposal of hazardous waste	HSC 25189.5 (a)		25 Consolidated manifest requirements	HSC 25160.2	
3 Maintain/operate to prevent release/fire	CCR 66265.31		26 Hazardous waste transported by registered hauler	HSC 25163(a)	
4 Hazardous waste labeling	CCR 66262.34(f)	X	27 LDR documents retained onsite	CCR 66268.7(a)(6)	
5 Hazardous waste accumulation time	CCR 66262.34(a-d)		28 Hazardous waste analysis retained for 3 years	CCR 66262.40(c)	
6 Hazardous materials storage and labeling	CCR 66261.2(f)		29 Personnel training	CCR 66265.16	
7 Satellite accumulation	CCR 66262.34(e)		30 Contingency plan	CCR 66265.51	
8 Containers leaking or not in good condition	CCR 66265.171		31 Emergency preparedness/prevention	CCR 66265.30-37	
9 Hazardous waste containers closed	CCR 66265.173(a)	X	32 SB 14 requirements for LQGs	CCR 67100.3	
10 Separation of incompatible materials	CCR 66265.177(c)		33 Biennial Report requirements	CCR 66262.41	
11 Retrograde/accumulated speculatively	CCR 66262.10		34 Excluded recyclable material management	HSC 25143.2/9	
12 Empty containers	CCR 66261.7	X	35 Recyclable Material Report	HSC 25143.10	
13 Used oil management	CHSC 25250.4		36 Site assessment requirements	HSC 25187(a)(1)	
14 Used oil filter management	CCR 66266.130	X	37 Closure requirements	CCR 66265.111/114	
15 Used battery management	CCR 66266.81		38 Reckless management of hazardous waste	HSC 25189.6	
16 Contaminated textile management	HSC 25144.6		40 Other violation(s) - see narrative section		
17 Container inspection - weekly	CCR 66265.174	X	HAZARDOUS MATERIALS HANDLER		
18 Tank inspection - daily	CCR 66265.195				V
19 Tank operating requirements	CCR 66265.194		60 Contingency plan/inventory submitted	HSC 25503.5	X
20 BPA ID number (call 800-618-6942 to obtain)	CCR 66262.12		61 Plan and inventory updated & accurate	HSC 25505	X
21 Hazardous waste transported with manifest	CCR 66262.20		62 Regulated substance registration	HSC 25533(a)	
22 Hazardous waste manifest complete	CCR 66262.23		ABOVEGROUND PETROLEUM STORAGE TANK		
23 Manifest copies to DTSC	CCR 66262.23(a)(4)				V
			70 SPCC Plan onsite	HSC 25270.3	

☐ NO SIGNIFICANT VIOLATIONS OBSERVED ON DATE OF INSPECTION.

☒ NOTICE OF VIOLATION: THE VIOLATION(S) CITED MUST BE CORRECTED BY 09/12/2002

FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION AND/OR A REINSPECTION FEE.

4. Used oil disposed without ^{containers} drums lacked labels. Labels containers properly

9. Used oil containers, used solvent and used oil filter containers lacked seals and proper tight fitting lids with holes. Provide lids and seals for the containers.

12. Store empty gas cylinders safely ~~with~~ by securing with a chain to a wall or building.

14. Label used oil filter drum. 17. Inspect containers weekly for labeling, closed containers, spills etc. and document inspection. Records not available.

Page 1 of 1

61. Complete and submit inventory and contingency plan. Submitted plan was incomplete.



County of Los Angeles • Fire Department
Health Hazardous Materials Division

INSPECTION REPORT

PAGE 1 OF ____

Business Name: PIAZZA Trucking Inc		Phone: (323) 357-1999	
Site Address: 9001 RAYO Ave.			
City: Smith Gate	CA	Zip Code: 90280	Operating hrs: 7⁰⁰-7¹⁸⁰⁰
Mailing Address: SAA		Business owner: BILL PIAZZA	
City:		State:	Zip Code:
Insp Dist: SE	Insp Unit:	Div: 1/1/MD	

Facility ID #: 010382	
Industry Type: Trucking Co.	
EPA #:	
Sic Code: 7538	No of Empl.: 15
Map Page: 705	Grid: F-4
BN:	Sta:

FEE GROUP	
<input checked="" type="checkbox"/> Disclosure/RS	01
<input type="checkbox"/> RS	
<input type="checkbox"/> UST	
<input type="checkbox"/> AST/SPCC	
<input checked="" type="checkbox"/> HazWaste Generator	100
<input type="checkbox"/> Tiered Permitting	

TREATMENT TIERS	
A. <input type="checkbox"/>	PBR
B. <input type="checkbox"/>	CA
C. <input type="checkbox"/>	CEL
D. <input type="checkbox"/>	CE-CL
E. <input type="checkbox"/>	CESW
F. <input type="checkbox"/>	CESQT
<input type="checkbox"/>	Total Units

OTHER
<input type="checkbox"/> Financial Assurance
<input type="checkbox"/> Phase I
<input type="checkbox"/> Offsite HazWaste Consolidation
<input type="checkbox"/> Recycling Notification
<input type="checkbox"/> Large Quantity Generator
<input type="checkbox"/> Fixed Household HazWaste Collection Facility

CLASS OF VIOLATIONS			
	I	II	Minor
HM			X
HW			
TP			
AST			

CA Waste Code	221	213				
RCRA Waste Code						
AMT (PGTY)	Pounds, Gallons Yds. Tons, per quarter	600 Gal	15 Gal			

Referrals ☐ AQMD ☐ B & S ☐ FIRE ☐ IW ☐ OSHA ☐ DTSC ☐

Visit Date	Start Time	Insp Type	Pro Elem	Time Invested	Action Code	Special Circumstances
9/17/98	08:30	1	HW	01:00	0	1 issued HWL
1/1	09:30	1	HM	00:30	N	1 issued HWL
1/1	:			:		
1/1	:			:		
1/1	:			:		
Total Time:				:		

INSPECTION TYPE: C: Complaint I: Inspection J: Joint Inspection Mm: Multimedia R: Revisit P: Permit S: Sampling Cl: Closure
PROGRAM ELEMENT: HM HW TP AST UST RS
ACTION CODES: A: Abate AO: Adm Order CR: Criminal Referral H: Hearing N: NOV •: No viol T: Time ext X: Other Z: non-gen

Insp No 86	Signature [Signature]	Date 9-17-98
Consent given by: AL ARAGON	Title SAFETY MGR	Date 9-17-98



County of Los Angeles • Fire Department
Health Hazardous Materials Division

95-2668121

OFFICIAL INSPECTION REPORT

DATE: 9-17-98

PAGE ____ OF ____

DBA: <u>PIAZZA Trucking</u>	Facility ID #:
LIST ORDER OF INSPECTION AS FOLLOWS: I. OPENING CONFERENCE II. WALK THROUGH III. DOCUMENTS IV. CLOSING CONFERENCE V. VIOLATIONS	

I PIAZZA Trucking, 9001 Rays, 7⁰⁰-718⁰⁰, Trucking company
At Aragon (Safety), Max modern (mechanic), 15 employees
owner: BILL PIAZZA
opened MAT 1996

II HAZ waste

Garage → waste oil → 200 gal AST → Jim Knight
100 AST → manifest 96771041 250 gal 7-24-98
manifest 96720460 200 gal 6-26-98
used oil fillers → me 15 gal → me 09/01/98
Benny's maintenance
parts washer → 8-10-98
Posterior with solvent → Safety Kleen
15 Gal manifest
98130830
4-19-98 - 45 Gals
manifest 98174117
used MATS → Cintas 9-15-98
no interface

II HAZ mat

- 1) HAZ MOTOR OIL → 200 Gal AST
- 2) OXYGEN - 244 cu ft
- 3) Acetylene - 136 cu ft
- 4) used oil - 200 Gal

Witnessed
CPP (600)

To Ismed NOV for CPP completion.



Los Angeles County • Certified Unified Program Agency
Health Hazardous Materials Division
NOTICE OF VIOLATION AND ORDER TO COMPLY

PAGE 1 OF ____

OWNER: <u>BILL PLAZZA</u>	FACILITY ID#:	DATE: <u>9-17-98</u>
BUSINESS: <u>PLAZZA TRUCKING INC</u>	REFER REPLY TO: <u>ALIC GARCIA</u> LOS ANGELES COUNTY FIRE DEPARTMENT HEALTH HAZARDOUS MATERIALS DIVISION	
ADDRESS: <u>9001 RAYO AVE</u>	7300 ALONDRA BLVD., SUITE 203 PARAMOUNT, CA 90723	
CITY: <u>South Gate</u>	ZIP: <u>90280</u>	

Attention: The items marked on this notice and issued to you represent a violation(s) of the California Code of Regulations (CCR), or the California Health and Safety Code (H&S), and/or the Los Angeles County Ordinance. These violations have civil and/or criminal penalties attached. Any time granted for correction of the violation(s) does not preclude any enforcement action by this Department or other agencies. You are hereby directed to correct the violations within the time specified. Failure to do so will be considered an additional violation. (Referenced titles & chapters: Titles 19, 22, 23, 27 of the CCR, Chapters 6.5, 6.7, 6.95 of the H&S, Title 12 of the Los Angeles County Ordinance).

PERMIT REQUIREMENT

Correction Date 10/17/98

- 101 ☒ Obtain annually from the LACoCUPA a Unified Program Facility Permit for the program element applicable to your facility. Apply within 30 days after falling under the provisions of one or more of the program elements (LA Co Ord. Sec. 12.50.075, 12.50.115).

Authorized Rep: <u>AL ARAGON</u>	Title: <u>Safety Supervisor</u>
Auth Rep Signature: <u>Al Aragon</u>	Inspected by: <u>[Signature]</u>

One Bondman Way
Elgin, Illinois 60120-7857
CUSTOMER NO.



DUPLICATE NO. 06108-2-05 FEB. 10 142 23-5020518

CUSTOMER

FOR SERVICE CALL	BRANCH MANAGER	DOC. EXP.	NO. DUPLICATED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
714 435-0605	WILLIAM KLEISER	10/10/98	98-32	07	193253
CREDIT CODE			PREVIOUS BALANCE		BAL. OVER 90 DAYS
C			506.10		
BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. PCT.	PROD. PCT.	
06	NO	NO	273	001	
LOCATION			TAX EXEMPTION NO.		
705305					

PIZZA TRUCKING INC
5001 RAYO AVE
SOUTH GATE CA 90280

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC. CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
12/09/99	1167		213-357-1999	05-095-8440			.0025		.0025

[illegible]

TOTAL SERVICE/PRODUCTS		107.25	3.45	110.70	0.00	CHECK APPROPRIATE BOXES	GOOD	POOR	DETAILS IN PLACE AND USABLE	YES	NO	MACHINE PROPERLY FUNCTIONING	YES	NO
						MACHINE CONDITION & CLEANLINESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FUEL/FLUIDS INSTALLED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STATION APPLIED TO MACHINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						LAMP ASSEMBLY CONDITION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNNECESSARY CLOSING OF ELECTRICAL CONNECTIONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SPECIAL SERVICE MARKS ACCEPTANCE CRITERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.		GENERATOR STATE ID NO.										
110832	11086971202	EXEMPT												

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	QTY NO.	DANGEROUS TYPE	TOTAL QUANTITY	HAZARDOUS MATERIALS	SF DOT NUMBER	916-8059	I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES: <input type="checkbox"/> A TO NO LESS MONTH <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z <input type="checkbox"/> AA <input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AD <input type="checkbox"/> AE <input type="checkbox"/> AF <input type="checkbox"/> AG <input type="checkbox"/> AH <input type="checkbox"/> AI <input type="checkbox"/> AJ <input type="checkbox"/> AK <input type="checkbox"/> AL <input type="checkbox"/> AM <input type="checkbox"/> AN <input type="checkbox"/> AO <input type="checkbox"/> AP <input type="checkbox"/> AQ <input type="checkbox"/> AR <input type="checkbox"/> AS <input type="checkbox"/> AT <input type="checkbox"/> AU <input type="checkbox"/> AV <input type="checkbox"/> AW <input type="checkbox"/> AX <input type="checkbox"/> AY <input type="checkbox"/> AZ <input type="checkbox"/> BA <input type="checkbox"/> BB <input type="checkbox"/> BC <input type="checkbox"/> BD <input type="checkbox"/> BE <input type="checkbox"/> BF <input type="checkbox"/> BG <input type="checkbox"/> BH <input type="checkbox"/> BI <input type="checkbox"/> BJ <input type="checkbox"/> BK <input type="checkbox"/> BL <input type="checkbox"/> BM <input type="checkbox"/> BN <input type="checkbox"/> BO <input type="checkbox"/> BP <input type="checkbox"/> BQ <input type="checkbox"/> BR <input type="checkbox"/> BS <input type="checkbox"/> BT <input type="checkbox"/> BU <input type="checkbox"/> BV <input type="checkbox"/> BW <input type="checkbox"/> BX <input type="checkbox"/> BY <input type="checkbox"/> BZ <input type="checkbox"/> CA <input type="checkbox"/> CB <input type="checkbox"/> CC <input type="checkbox"/> CD <input type="checkbox"/> CE <input type="checkbox"/> CF <input type="checkbox"/> CG <input type="checkbox"/> CH <input type="checkbox"/> CI <input type="checkbox"/> CJ <input type="checkbox"/> CK <input type="checkbox"/> CL <input type="checkbox"/> CM <input type="checkbox"/> CN <input type="checkbox"/> CO <input type="checkbox"/> CP <input type="checkbox"/> CQ <input type="checkbox"/> CR <input type="checkbox"/> CS <input type="checkbox"/> CT <input type="checkbox"/> CU <input type="checkbox"/> CV <input type="checkbox"/> CW <input type="checkbox"/> CX <input type="checkbox"/> CY <input type="checkbox"/> CZ <input type="checkbox"/> DA <input type="checkbox"/> DB <input type="checkbox"/> DC <input type="checkbox"/> DD <input type="checkbox"/> DE <input type="checkbox"/> DF <input type="checkbox"/> DG <input type="checkbox"/> DH <input type="checkbox"/> DI <input type="checkbox"/> DJ <input type="checkbox"/> DK <input type="checkbox"/> DL <input type="checkbox"/> DM <input type="checkbox"/> DN <input type="checkbox"/> DO <input type="checkbox"/> DP <input type="checkbox"/> DQ <input type="checkbox"/> DR <input type="checkbox"/> DS <input type="checkbox"/> DT <input type="checkbox"/> DU <input type="checkbox"/> DV <input type="checkbox"/> DW <input type="checkbox"/> DX <input type="checkbox"/> DY <input type="checkbox"/> DZ <input type="checkbox"/> EA <input type="checkbox"/> EB <input type="checkbox"/> EC <input type="checkbox"/> ED <input type="checkbox"/> EE <input type="checkbox"/> EF <input type="checkbox"/> EG <input type="checkbox"/> EH <input type="checkbox"/> EI <input type="checkbox"/> EJ <input type="checkbox"/> EK <input type="checkbox"/> EL <input type="checkbox"/> EM <input type="checkbox"/> EN <input type="checkbox"/> EO <input type="checkbox"/> EP <input type="checkbox"/> EQ <input type="checkbox"/> ER <input type="checkbox"/> ES <input type="checkbox"/> ET <input type="checkbox"/> EU <input type="checkbox"/> EV <input type="checkbox"/> EW <input type="checkbox"/> EX <input type="checkbox"/> EY <input type="checkbox"/> EZ <input type="checkbox"/> FA <input type="checkbox"/> FB <input type="checkbox"/> FC <input type="checkbox"/> FD <input type="checkbox"/> FE <input type="checkbox"/> FF <input type="checkbox"/> FG <input type="checkbox"/> FH <input type="checkbox"/> FI <input type="checkbox"/> FJ <input type="checkbox"/> FK <input type="checkbox"/> FL <input type="checkbox"/> FM <input type="checkbox"/> FN <input type="checkbox"/> FO <input type="checkbox"/> FP 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type="checkbox"/> GZ <input type="checkbox"/> HA <input type="checkbox"/> HB <input type="checkbox"/> HC <input type="checkbox"/> HD <input type="checkbox"/> HE <input type="checkbox"/> HF <input type="checkbox"/> HG <input type="checkbox"/> HH <input type="checkbox"/> HI <input type="checkbox"/> HJ <input type="checkbox"/> HK <input type="checkbox"/> HL <input type="checkbox"/> HM <input type="checkbox"/> HN <input type="checkbox"/> HO <input type="checkbox"/> HP <input type="checkbox"/> HQ <input type="checkbox"/> HR <input type="checkbox"/> HS <input type="checkbox"/> HT <input type="checkbox"/> HU <input type="checkbox"/> HV <input type="checkbox"/> HW <input type="checkbox"/> HX <input type="checkbox"/> HY <input type="checkbox"/> HZ <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IC <input type="checkbox"/> ID <input type="checkbox"/> IE <input type="checkbox"/> IF <input type="checkbox"/> IG <input type="checkbox"/> IH <input type="checkbox"/> II <input type="checkbox"/> IJ <input type="checkbox"/> IK <input type="checkbox"/> IL <input type="checkbox"/> IM <input type="checkbox"/> IN <input type="checkbox"/> IO <input type="checkbox"/> IP <input type="checkbox"/> IQ <input type="checkbox"/> IR <input type="checkbox"/> IS <input type="checkbox"/> IT <input type="checkbox"/> IU <input type="checkbox"/> IV <input type="checkbox"/> IW <input type="checkbox"/> IX <input type="checkbox"/> IY <input type="checkbox"/> IZ <input type="checkbox"/> JA <input type="checkbox"/> JB <input type="checkbox"/> JC <input type="checkbox"/> JD <input type="checkbox"/> JE <input type="checkbox"/> JF <input type="checkbox"/> JG <input type="checkbox"/> JH <input type="checkbox"/> JI <input type="checkbox"/> JJ <input type="checkbox"/> JK <input type="checkbox"/> JL <input type="checkbox"/> JM <input type="checkbox"/> JN <input type="checkbox"/> JO <input type="checkbox"/> JP <input type="checkbox"/> JQ <input type="checkbox"/> JR <input type="checkbox"/> JS <input type="checkbox"/> JT <input type="checkbox"/> JU <input type="checkbox"/> JV <input type="checkbox"/> JW <input type="checkbox"/> JX <input type="checkbox"/> JY <input type="checkbox"/> JZ <input type="checkbox"/> KA <input type="checkbox"/> KB <input type="checkbox"/> KC <input type="checkbox"/> KD <input type="checkbox"/> KE <input type="checkbox"/> KF <input type="checkbox"/> KG <input type="checkbox"/> KH <input type="checkbox"/> KI <input type="checkbox"/> KJ <input type="checkbox"/> KK <input type="checkbox"/> KL <input type="checkbox"/> KM <input type="checkbox"/> KN <input type="checkbox"/> KO <input type="checkbox"/> KP <input type="checkbox"/> KQ <input type="checkbox"/> KR <input type="checkbox"/> KS <input type="checkbox"/> KT <input type="checkbox"/> KU <input type="checkbox"/> KV <input type="checkbox"/> KW <input type="checkbox"/> KX <input type="checkbox"/> KY <input type="checkbox"/> KZ <input type="checkbox"/> LA <input type="checkbox"/> LB <input type="checkbox"/> LC <input type="checkbox"/> LD <input type="checkbox"/> LE <input type="checkbox"/> LF <input type="checkbox"/> LG <input type="checkbox"/> LH <input type="checkbox"/> LI <input type="checkbox"/> LJ <input type="checkbox"/> LK <input type="checkbox"/> LL <input type="checkbox"/> LM <input type="checkbox"/> LN <input type="checkbox"/> LO <input type="checkbox"/> LP <input type="checkbox"/> LQ <input type="checkbox"/> LR <input type="checkbox"/> LS <input type="checkbox"/> LT <input type="checkbox"/> LU <input type="checkbox"/> LV <input type="checkbox"/> LW <input type="checkbox"/> LX <input type="checkbox"/> LY <input type="checkbox"/> LZ <input type="checkbox"/> MA <input type="checkbox"/> MB <input type="checkbox"/> MC <input type="checkbox"/> MD <input type="checkbox"/> ME <input type="checkbox"/> MF <input type="checkbox"/> MG <input type="checkbox"/> MH <input type="checkbox"/> MI <input type="checkbox"/> MJ <input type="checkbox"/> MK <input type="checkbox"/> ML <input type="checkbox"/> MM <input type="checkbox"/> MN <input type="checkbox"/> MO <input type="checkbox"/> MP <input type="checkbox"/> MQ <input type="checkbox"/> MR <input type="checkbox"/> MS <input type="checkbox"/> MT <input type="checkbox"/> MU <input type="checkbox"/> MV <input type="checkbox"/> MW <input type="checkbox"/> MX <input type="checkbox"/> MY <input type="checkbox"/> MZ <input type="checkbox"/> NA <input type="checkbox"/> NB <input type="checkbox"/> NC <input type="checkbox"/> ND <input type="checkbox"/> NE <input type="checkbox"/> NF <input type="checkbox"/> NG <input type="checkbox"/> NH <input type="checkbox"/> NI <input type="checkbox"/> NJ <input type="checkbox"/> NK <input type="checkbox"/> NL <input type="checkbox"/> NM <input type="checkbox"/> NN <input type="checkbox"/> NO <input type="checkbox"/> NP <input type="checkbox"/> NQ <input type="checkbox"/> NR <input type="checkbox"/> NS <input type="checkbox"/> NT <input type="checkbox"/> NU <input type="checkbox"/> NV <input type="checkbox"/> NW <input type="checkbox"/> NX <input type="checkbox"/> NY <input type="checkbox"/> NZ <input type="checkbox"/> OA <input type="checkbox"/> OB <input type="checkbox"/> OC <input type="checkbox"/> OD <input type="checkbox"/> OE <input type="checkbox"/> OF <input type="checkbox"/> OG <input type="checkbox"/> OH <input type="checkbox"/> OI <input type="checkbox"/> OJ <input type="checkbox"/> OK <input type="checkbox"/> OL <input type="checkbox"/> OM <input type="checkbox"/> ON <input type="checkbox"/> OO <input type="checkbox"/> OP <input type="checkbox"/> OQ <input type="checkbox"/> OR <input type="checkbox"/> OS <input type="checkbox"/> OT <input type="checkbox"/> OU <input type="checkbox"/> OV <input type="checkbox"/> OW <input type="checkbox"/> OX <input type="checkbox"/> OY <input type="checkbox"/> OZ <input type="checkbox"/> PA <input type="checkbox"/> PB <input type="checkbox"/> PC <input type="checkbox"/> PD <input type="checkbox"/> PE <input type="checkbox"/> PF <input type="checkbox"/> PG <input type="checkbox"/> PH <input type="checkbox"/> PI <input type="checkbox"/> PJ <input type="checkbox"/> PK <input type="checkbox"/> PL <input type="checkbox"/> PM <input type="checkbox"/> PN <input type="checkbox"/> PO <input type="checkbox"/> PP <input type="checkbox"/> PQ <input type="checkbox"/> PR <input type="checkbox"/> PS <input type="checkbox"/> PT <input type="checkbox"/> PU <input type="checkbox"/> PV <input type="checkbox"/> PW <input type="checkbox"/> PX <input type="checkbox"/> PY <input type="checkbox"/> PZ <input type="checkbox"/> QA <input type="checkbox"/> QB <input type="checkbox"/> QC <input type="checkbox"/> QD <input type="checkbox"/> QE <input type="checkbox"/> QF <input type="checkbox"/> QG <input type="checkbox"/> QH <input type="checkbox"/> QI <input type="checkbox"/> QJ <input type="checkbox"/> QK <input type="checkbox"/> QL <input type="checkbox"/> QM <input type="checkbox"/> QN <input type="checkbox"/> QO <input type="checkbox"/> QP <input type="checkbox"/> QQ <input type="checkbox"/> QR <input type="checkbox"/> QS <input type="checkbox"/> QT <input type="checkbox"/> QU <input type="checkbox"/> QV <input type="checkbox"/> QW <input type="checkbox"/> QX <input type="checkbox"/> QY <input type="checkbox"/> QZ <input type="checkbox"/> RA <input type="checkbox"/> RB <input type="checkbox"/> RC <input type="checkbox"/> RD <input type="checkbox"/> RE <input type="checkbox"/> RF <input type="checkbox"/> RG <input type="checkbox"/> RH <input type="checkbox"/> RI <input type="checkbox"/> RJ <input type="checkbox"/> RK <input type="checkbox"/> RL <input type="checkbox"/> RM <input type="checkbox"/> RN <input type="checkbox"/> RO <input type="checkbox"/> RP <input type="checkbox"/> RQ <input type="checkbox"/> RR
--	------------	-------------------	-------------------	------------------------	---------------	----------	--

PLANT FACILITY NAME AND ADDRESS	SAFETY-KLEEN SYSTEMS, INC.
1 SOUTH YALE ST	SANTA ANA, CA 92704

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE SALE	
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	
INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$
CREDIT CARD NO.		AMEX	EXP. DATE
		VISA	
		MC	
PHONE #			

LDR MESSAGE	
LDR REG'D	
MANIFEST CODE	SEC #
10	319

IN THE EVENT OF AN
EMERGENCY CALL
1.800.368.1768 (24 hours)

I AGREE TO PAY THE ABOVE CHARGE AND TO BE BOUND BY THE TERMS AND
 CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT.
 PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION (UNLESS OTHERWISE
 INDICATED IN THE PAYMENT RECEIVED SECTION). THE INDIVIDUAL SIGNING
 THIS DOCUMENT IS FULLY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.
 I HAVE READ THE CARDHOLDER AGREEMENT, CARDHOLDER PRIVACY POLICY, AND THE
 CARDHOLDER AGREEMENT AND CARDHOLDER PRIVACY POLICY OF THE ISSUING FINANCIAL INSTITUTION.

Peter Customer Name
 [Signature]
 Customer's Authorized Representative

THIS DOCUMENT CONTAINS ON THE REVERSE SIDE

CAT000613976	
CAT000613976	
TOTAL CHARGE (FROM ABOVE)	
WASTE MM. (FROM ABOVE)	
TOTAL DUE	116.10
DO NOT WRITE IN THE AREA BELOW	

DO NOT WRITE IN THE AREA BELOW

373258
7-088-05-4782-4

☐ 10
☐ 20
☐ 30
☐ 40
☐ 50
☐ 60
☐ 70
☐ 80
☐ 90
☐ 100

SERVICE AND SALES ACKNOWLEDGMENT
 NAME: _____
 DATE: _____



One Brinckman Way
Egin, Illinois 60123-7857
CUSTOMER NO.



DUNS NO. 05106-0408 FED. ID NO. 99-6090019

CUSTOMER

FOR SERVICE CALL	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
714 435-0605	WILLIAM KLEISER	7A/27/98	94-20	07	713471
CREDIT CODE			PREVIOUS BALANCE		
5			99.72		
BUSINESS TYPE	CHAIN	OUTER COUNTRY	SVC. P/C	PROD.	
05	NO	NO	373	00	
LOCATION			TAX EXEMPTION NO.		
703405					

GENERATOR

B I L L

PIAZZA TRUCKING INC
9001 RAYO AVE
SOUTH GATE CA 90280

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX									
1.14.98			213-357-1999	05-095-9440			.0425		.0425									
DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS			CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS/INITIAL)	CHANGE SOL. DATE (YY WWS)	INV. CODE	PROMO NO.	RELEASE NO.
00	50A10	00024025		1	42.25	0.00	42.25	0.00	CLEAN 100% 1/16	1	1.0097		A					
00	50A10	00024025		1	42.25	0.00	42.25	0.00	CLEAN 100% 1/16	1	1.0097		A					

WASTE ONLY

TOTAL SERVICE/PRODUCTS				94.50	0.00	94.50	0.00	CHECK APPROPRIATE BOXES	GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
MANIFEST NO. 48171187				USEPA TRANSPORTER ID NO. 110984908202				GENERATOR USEPA ID NO. EXEMPT				GENERATOR STATE ID NO.				
HAZARDOUS WASTE, LIQUID, N.O.S. 9 KA3082 PG III (D 15.0939)(ERG#171) AQUEOUS PARTS CLEANER																
12 CONTAINERS NO. 2 TYPE DM TOTAL QUANTITY 045 14 UNIT WT/ACS 6 SK DOT NUMBER 10097 50 LBS. 2																
I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES: 0 TO 220 LBS./MONTH 220 LBS. TO 2,200 LBS./MONTH GREATER THAN 2,200 LBS./MONTH																

DESIGNATED FACILITY NAME AND ADDRESS				SAFETY-KLEEN CORP.				USA EPA ID NO. CA7000613599			
30625 HICKSON ST UNIT A				FL MONTE				STATE ID NO. CA7000613599			
CASH <input type="checkbox"/>		TOTAL RECEIVED		APPLY PAYMENT TO:		TODAY'S SERVICE/SALE		TOTAL CHARGE (FROM ABOVE)		WASTE MIN. (FROM ABOVE)	
CHECK NUMBER											
INVOICE #		AMOUNT \$		INVOICE #		AMOUNT \$		TOTAL DUE		DO NOT WRITE IN THE AREA BELOW	
PREVIOUS CREDIT CARD NO.		CREDIT CARD NO.		AMEX VISA MC		EXP. DATE					
CUSTOMER REFERENCE INFORMATION				IN THE EVENT OF AN EMERGENCY CALL				By: [Signature] Customer's Authorized Representative			

SERVICE AND SALES ACKNOWLEDGMENT

CHK#
114100

Aug 4

JIM KNIGHT
DRAIN OIL COMPANY, INC.
7837 OCEANUS DR.
LOS ANGELES, CA 90046
(562) 434-2419

NO 26096

EPA CAL 000027718

P.O. # _____ DATE 7-24-1998
NAME DIANA Trucking
STREET 9001 RAYO AVE
CITY South Gate CA 90280
213-357 1999

GALLONS 250

AMOUNT

Destination: Industrial Service Oil
1700 So. Solo
Los Angeles, CA 90023
EPA# CAD 099452708

(48)

00

PLEASE PAY ON THIS INVOICE. TERMS NET 15

☒ WASTE PETROLEUM OIL, CONTAINS (OIL, WATER) 3, N.A. 1270 PG III

☐ HAZARDOUS WASTE LIQUID N.O.S. (ANTI-FREEZE) ORM-N 9186

MANIFEST # 96-771091

SIGNATURE

DRIVER'S SIGNATURE

[Signature]
Jim Chang

OWNER FILE INFORMATION

Please clearly make changes/corrections.

Owner ID: OW0021681
Owner Name: BASIL PIAZZA
Owner DBA: PIAZZA TRUCKING INC
Owner Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Work/Business Phone: 323-357-1999
Billing/Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
ATTN/Care of: BOB PIAZZA

Dvr Lic No: _____ State: _____
Tax ID : 95-2668141
Owner Date of Birth: _____

FACILITY FILE INFORMATION

On Site Regulated Substances : Yes ☐ No ☐

Facility ID: FA0021681
Facility Name: PIAZZA TRUCKING INC
Site Location: 9001 RAYO AVE
SOUTH GATE, CA 90280
Phone: 323-357-1999
Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Operator/Care of: BOB PIAZZA
SIC Code: 7538
Operating Hours: Days: _____ Hours: _____
Station: 054

E-Mail Address: BOBPIAZZA@PIAZZATRUCKING.COM

Date First Became Operational: _____

ENVIRONMENTAL CONTACT INFORMATION

Contact Name: BOB PIAZZA Phone : 323-357-1999
9001 RAYO AVE
SOUTH GATE CA 90280

Dun & Bradst.: * Please Fill-Out

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT:

SECONDARY CONTACT:

Name :	BOB PIAZZA	AL ARGON
Title :	VICE PRESIDENT-OPERATIONS	SAFETY DIRECTOR
Business Phone :	323-357-1999	323-357-1999
24 - Hour Phone :	800-959-2889	800-959-2889
Pager # :	323-855-1869	323-855-1961

ADDITIONAL INFORMATION

ASSESSORS PARCEL NUMBER: 6222-005-022

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate and complete.

Print Name of Document Preparer : _____

Signature of Owner/Operator : _____

Date: _____

FA0021681

Beginning Date: 1/1/2008 Ending Date: 12/31/2008

OWNER FILE INFORMATION

Please clearly make changes/corrections.

Owner ID: OW0021681
Owner Name: BASIL PIAZZA
Owner DBA: PIAZZA TRUCKING INC
Owner Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Work/Business Phone: 323-357-1999
Billing/Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
ATTN/Care of: BOB PIAZZA

Dvr Lic No: _____ State: _____
Tax ID: 95-2668141
Owner Date of Birth: _____

FACILITY FILE INFORMATION

On Site Regulated Substances : Yes ___ No ___

Facility ID: FA0021681
Facility Name: PIAZZA TRUCKING INC
Site Location: 9001 RAYO AVE
SOUTH GATE, CA 90280
Phone: 323-357-1999
Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Operator/Care of: BOB PIAZZA
SIC Code: 7538
Operating Hours: Days: _____ Hours: _____
Station: 054

E-Mail Address: BOBPIAZZA@PIAZZATRUCKING.COM

Nature of Business: _____

Date First Became Operational: _____

ENVIRONMENTAL CONTACT INFORMATION

Contact Name: BOB PIAZZA
9001 RAYO AVE
SOUTH GATE CA 90280

Phone: 323-357-1999

Dun & Bradst.: * Please Fill-Out

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT:

SECONDARY CONTACT:

Name :	BOB PIAZZA	AL ARGON
Title :	VICE PRESIDENT-OPERATIONS	SAFETY DIRECTOR
Business Phone :	323-357-1999	323-357-1999
24 - Hour Phone :	800-959-2889	800-959-2889
Pager # :	323-855-1869	323-855-1961

ADDITIONAL INFORMATION

ASSESSORS PARCEL NUMBER _____

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate and complete.

Print Name of Document Preparer: Bob Piazza

Signature of Owner/Operator: [Signature]

Date: 11-18-08

Date run 10/26/2007 2:58:17PM
Run by

FA0021681

Los Angeles County Fire Department

Owner/Operator Identification

Beginning Date: 1/1/2008 Ending Date: 12/31/2008

Report #5314

V101107

OWNER FILE INFORMATION

Please clearly make changes/corrections.

Owner ID: OW0021681
Owner Name: BASIL PIAZZA
Owner DBA: PIAZZA TRUCKING INC
Owner Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Work/Business Phone: 323-357-1999
Billing/Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
ATTN/Care of: BOB PIAZZA

Dvr Lic No: State:
Tax ID : 95-2668141
Owner Date of Birth:

FACILITY FILE INFORMATION

On Site Regulated Substances : Yes ☐ No ☐

Facility ID: FA0021681
Facility Name: PIAZZA TRUCKING INC

Site Location: 9001 RAYO AVE

SOUTH GATE, CA 90280

Phone: 323-357-1999

Mailing Address: 9001 RAYO AVE

SOUTH GATE, CA 90280

Operator/Care of: BOB PIAZZA

SIC Code: 7538

Operating Hours: Days

Hours:

Station: 054

E-Mail Address: bobPiazza@PiazzaTrucking.com

Nature of Business:

Date First Became Operational:

ENVIRONMENTAL CONTACT INFORMATION

Contact Name: BOB PIAZZA
9001 RAYO AVE
SOUTH GATE CA 90280

Phone: 323-357-1999

Dun & Bradst: * Please Fill-Out

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT:

Name : BOB PIAZZA
Title : VICE PRESIDENT-OPERATIONS
Business Phone : 323-357-1999
24 - Hour Phone : 800-959-2889
Pager # : 323-855-1869

SECONDARY CONTACT:

~~JIM ELLISON~~ AL ARAGON
SAFETY DIRECTOR / E-mail: aaragon@PIAZZA TRUCKING.COM
323-357-1999
800-959-2889
323-855-1961

ADDITIONAL INFORMATION

11 6-Nov-02

ASSESSORS PARCEL NUMBER _____ - _____ - _____

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate and complete.

Print Name of Document Preparer :

Signature of Owner/Operator :

Date:

Date run : 01/17/07 2:20:10PM

Run by :

Los Angeles County Fire Department

Owner/Operator Identification

Report #5314

V090506

FA0021681

Beginning Date: 1/1/2006 Ending Date: 12/31/2006

OWNER FILE INFORMATION

Please clearly make changes/updates/notes

Owner ID: OW0021681

Owner Name: BASIL PIAZZA

Owner DBA: PIAZZA TRUCKING INC

Owner Address: 9001 RAYO AVE
SOUTH GATE, CA 90280

Work/Business Phone: 323-357-1999

Billing/Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280

ATTN/Care of: BOB PIAZZA

Dvr Lic No:

State:

Tax ID: 95-2668141

Owner Date of Birth:

END JUN 18 2007

FACILITY FILE INFORMATION

Facility ID: FA0021681

Facility Name: PIAZZA TRUCKING INC

Site Location: 9001 RAYO AVE

SOUTH GATE, CA 90280

Phone: 323-357-1999

Mailing Address: 9001 RAYO AVE

SOUTH GATE, CA 90280

Operator/Care of: BOB PIAZZA

SIC Code: 7538

Operating Hours: Days:

Hours:

Station: 054

On Site Regulated Substances : Yes ___ No ___

E-Mail Address:

Nature of Business.

Date First Became Operational:

ENVIRONMENTAL CONTACT INFORMATION

Contact Name: BOB PIAZZA
9001 RAYO AVE
SOUTH GATE CA 90280

Phone : 323-357-1999

Dun & Bradst.: * Please Fill-Out

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT:

Name : BOB PIAZZA
Title : VICE PRESIDENT-OPERATIONS
Business Phone : 323-357-1999
24 - Hour Phone : 800-959-2889
Pager # : 323-855-1869

SECONDARY CONTACT:

JIM ELLISON
SAFETY DIRECTOR
323-357-1999
800-959-2889
323-855-1961

ADDITIONAL INFORMATION

ASSESSORS PARCEL NUMBER _____ - _____ - _____

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate and complete.

Print Name of Document Preparer :

Signature of Owner/Operator :

Date:

Date run 11/21/06 10:17:48AM
Run by

FA0021681

Los Angeles County Fire Department

Owner/Operator Identification

Beginning Date: 1/1/2006 Ending Date: 12/31/2006

Report #5314

V090506

OWNER FILE INFORMATION

Please clearly make changes/corrections.

Owner ID: OW0021681
Owner Name: BASIL PIAZZA
Owner DBA: PIAZZA TRUCKING INC
Owner Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Work/Business Phone: 323-357-1999
Billing/Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
ATTN/Care of: BOB PIAZZA

Dvr Lic No: State:
Tax ID:
Owner Date of Birth:

FACILITY FILE INFORMATION

On Site Regulated Substances : Yes ___ No ___

Facility ID: FA0021681
Facility Name: PIAZZA TRUCKING INC

Site Location: 9001 RAYO AVE
SOUTH GATE, CA 90280
Phone: 323-357-1999
Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Operator/Care of: BOB PIAZZA
SIC Code: 7538
Operating Hours: Days: Hours:
Station: 054

E-Mail Address:
Nature of Business:

Date First Became Operational:

ENVIRONMENTAL CONTACT INFORMATION

Contact Name: BOB PIAZZA Phone: 323-357-1999
9001 RAYO AVE
SOUTH GATE CA 90280

Dun & Bradst.: * Please Fill-Out

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT:

SECONDARY CONTACT:

Name :	BOB PIAZZA	JIM ELLISON
Title :	VICE PRESIDENT-OPERATIONS	SAFETY DIRECTOR
Business Phone :	323-357-1999	323-357-1999
24 - Hour Phone :	800-959-2889	800-959-2889
Pager # :	323-855-1869	323-855-1961

ADDITIONAL INFORMATION

11 6-Nov-02

ASSESSORS PARCEL NUMBER _____ - _____ - _____

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate and complete.

Print Name of Document Preparer :

Signature of Owner/Operator :



PAGE OF

FACILITY ID#																	BEGINNING DATE 12-31-2001	ENDING DATE 12-31-02
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Piazza Trucking																	BUSINESS PHONE (323) 357-1999	
BUSINESS SITE ADDRESS 9001 Rayo Ave.																		
CITY South Gate																	CA	ZIP CODE 90280
DUN & BRADSTREET																	SIC CODE (4 digit #)	
COUNTY LOS ANGELES																	UNINCORPORATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BUSINESS OPERATOR NAME Basil Piazza																	BUSINESS OPERATOR PHONE (323) 357-1999	

OWNER NAME		111	OWNER PHONE		112
Basil Piazza			(323) 357-1999		
OWNER MAILING ADDRESS					113
9001 Rayo Ave.					
CITY	South Gate	114	STATE	CA	115
			ZIP CODE		116
			90280		

CONTACT NAME		117	CONTACT PHONE		118
Bob Piazza			(323) 357-1999		
CONTACT MAILING ADDRESS					119
9001 Rayo Ave.					
CITY	South Gate	120	STATE	CA	121
			ZIP CODE	90280	122

NAME	123	NAME	128
Bob Piazza		Jim Ellison	
TITLE	124	TITLE	129
Vice President - Operations		Safety Director	
BUSINESS PHONE (323) 357-1999	125	BUSINESS PHONE (323) 357-1999	130
24-HOUR PHONE (800) 959-2889	126	24-HOUR PHONE (800) 959-2889	131
XXXXX Cell (323) 855-1869	127	XXXXXX Cell (323) 855-1961	132

NUMBER OF EMPLOYEES	72	133b	FEDERAL TAX IDENTIFICATION NUMBER	95-8551961	133c
---------------------	----	------	-----------------------------------	------------	------

ADDRESS	9001 Rayo Ave.	133d	CITY	South Gate	133e	STATE	CA	133f	ZIP CODE	90286	133g
ATTN:	Bob Piazza	133h									

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		DATE	134	NAME OF DOCUMENT PREPARER	135
X <i>Bob Piazza</i>		7/8/02		Bob Piazza	
NAME OF SIGNER (print)		136	TITLE OF SIGNER		137
Bob Piazza			Vice President		

OFFICIAL USE ONLY	INSPECTOR	HW	HM	DISTRICT	INSPECTION DATE	DIV	BATT	STA 54	
-------------------	-----------	----	----	----------	-----------------	-----	------	-----------	--

Date run : 4/17/02 8:21:43AM
Run by : JC

FA0021681

Los Angeles County Fire Department
Owner/Operator Identification
Beginning Date: 1/1/2001 Ending Date: 12/31/2001

Report #: 5308
Version 011116

OWNER FILE INFORMATION

Please clearly make changes/corrections.

2nd Notice

Owner ID: OW0021681
Owner Name: BILL PIAZZA
Owner DBA:
Owner Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Work/Business Phone:
Billing/Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
ATTN/Care of:

Tax ID :

FACILITY FILE INFORMATION

On Site Regulated Substances : Yes ___ No ___

Facility ID: FA0021681
Facility Name: PIAZZA TRUCKING INC
No. of Employee: 15
Site Location: 9001 RAYO AVE
SOUTH GATE, CA 90280
Phone: 323-357-1999
Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Operator/Care of:
SIC Code: 7538
Operating Hours: Days: Hours:
Station: 054

E-Mail Address:

Nature of Business:

Date First Became Operational:

ENVIRONMENTAL CONTACT INFORMATION

Contact Name: BILL PIAZZA
9001 RAYO AVE
SOUTH GATE CA 90280
Phone : 323-357-1999

Dun & Bradst. No.: * Please Fill-Out

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT:

Name : AL ARAGON
Title :
Business Phone : 323-357-1999
24 - Hour Phone :
Pager # :

SECONDARY CONTACT:

GARY VOLLERS
PRESIDENT
213-567-8807
818-360-6694

ADDITIONAL INFORMATION

ASSESSOR'S PARCEL NUMBER - -

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate and complete.

Print Name of Document Preparer :

Signature of Owner/Operator :

Date:

PARMUTANT
 HAZ mat AND HAZ waste
 Los Angeles County • Certified Unified Program Agency
FACILITY INFORMATION (OES 2730)

*NEW BUSINESS ☐ OUT OF BUSINESS ☒ REVISE/UPDATE (EFFECTIVE 9-19-98) PAGE OF 102

FACILITY ID #	<u>010382</u>	1	CALENDAR YEAR BEGINNING	100	ENDING	101
BUSINESS NAME	<u>PIAZZA Trucking Inc</u>	3	BUSINESS PHONE	<u>(323) 357-1999</u>		103
SITE ADDRESS	<u>9001 RAYO AVE</u>	104	CITY	<u>South Gate</u>	105	CA
					106	ZIP CODE
						<u>90280</u>
DUN & BRADSTREET	107	<u>LOS ANGELES</u>	109	SIC CODE	<u>7538</u>	108
OPERATOR NAME	<u>BILL PIAZZA</u>	110	OPERATOR PHONE	<u>SAA</u>		111

OWNER INFORMATION						
OWNER NAME (First Name, Last Name)	<u>BILL PIAZZA</u>	112	OWNER PHONE			113
OWNER MAILING ADDRESS	114	CITY	115	STATE	116	ZIP CODE
						117

ENVIRONMENTAL CONTACT						
CONTACT NAME (First Name, Last Name)	<u>BILL PIAZZA</u>	118	CONTACT PHONE			119
CONTACT MAILING ADDRESS	120	CITY	121	STATE	122	ZIP CODE
						123

EMERGENCY CONTACT						
PRIMARY			SECONDARY			
NAME (First Name, Last Name)	<u>AL ARA GON</u>	124	NAME (First Name, Last Name)			129
TITLE		125	TITLE			130
BUSINESS PHONE	<u>SAA</u>	126	BUSINESS PHONE			131
24-HOUR-PHONE		127	24-HOUR-PHONE			132
PAGER #		128	PAGER #			133

REGULATED SUBSTANCES (RS)	
ON-SITE RS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5 If yes, and at or above Threshold Quantities, fill out Regulated Substance Registration (OES Form 2735.6)

MAILING/BILLING INFORMATION						
ADDRESS	<u>9001 RAYO AVE</u>					150
CITY	<u>South Gate</u>	151	STATE	<u>CA</u>	152	ZIP CODE
						<u>90280</u>

CERTIFICATION						
Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate, and complete.						
NAME OF DOCUMENT PREPARER (Print First Name, Last Name)	<u>Eric Gonzalez</u>	135	NAME OF OWNER/OPERATOR (Print First Name, Last Name)	<u>BILL PIAZZA</u>	136	TITLE
						<u>OWNER</u>
TAX ID # or SOC SEC #	<u>95-2668141</u>		SIGNATURE OF OWNER/OPERATOR	<u>[Signature]</u>	137	DATE
						<u>9-17-98</u>

OFFICIAL USE ONLY	HW <u>100</u>	HM <u>01</u>	ARP	AST	UST	TP	CUPA	PA
INSPECTOR	<u>EGonzalez</u>	DISTRICT	<u>SE</u>	DATE OF INSP.	<u>9-17-98</u>	NO OF EMP.	<u>15</u>	DATE REC'D

OCT 15 1998
 HHMD • FLPKG • 1/98

Location: 9001 RAYO AVE
City : SOUTH GATE

Bus. Phone: (323) 357-1999
Community: SOUTH GATE - 061

Mail: 9001 RAYO AVE
City: SOUTH GATE

State: CA
Zip: 90280-

Owner: BILL PIAZZA
Addrs: 9001 RAYO AVE
City: SOUTH GATE

Phone: () -
State: CA
Zip: 90280-

Parcel ID:

Dunn/Brad:

GENERAL AUTOMOTIVE REPAIR SHOPS
SIC: 7538 Your Activity Code:

Last Inv.: 205372H SqFt:
Last P.O.:

Regulatory Programs Fee Groups

A:	B:	C:	D:	E:	F:	G:	H:01	I:	J:	K:	L:	M:
N:	O:	P:	Q:	R:	S:	T:	U:	V:	W:	X:	Y:	Z:

General Tracking Information

Bus. Lic.: On: 09/17/98 By: GONZALEZ
District: SO EAST Division: 6 Battalion:
Insp. Uni: Inspector: Station:

Tracking Milestones

RMPP	District Offices	Business Plan/Inventory
Rept Year:: / /	CENTRAL: / /	New BP Issued:: 09/05/91
RS Received:: / /	EL MONTE: / /	BP Accepted:: 12/20/94
Former:: / /	LOMITA: / /	BP Rejected:: / /
Request RMPP:: / /	METRO: / /	BP Received:: 12/09/94
RMPP 1:: / /	PARAMOUNT: / /	INV Rejected:: / /
RMPP 2:: / /	SYLMAR: / /	INV Accepted:: 12/20/94
Audit/Inspect:: / /	: / /	INV Received:: 12/09/94
Corrections	Other Disclosures	Current Data Entry
BP/INV C Mailed: / /	BP RPT YEAR: 01/01/94	ADMN Data: 09/11/91
BP Corr Rec'd: / /	INV RPT YEAR: 01/01/94	Data Edited: 10/20/98
Final Notice: / /	INSPECTED: / /	Data Printed: 05/30/95
RS Corr Mailed: / /	INV SUPPL RECD: / /	EMRS Data: 09/11/91
RS Corr Rec'd: / /	TIER II RECD: / /	Data Edited: 10/20/98
Inv Corr Rec'd: / /	MSDS: / /	Data Printed: / /
Inv Dist: 01/03/95	RELEASES: / /	BLANK: / /

Public Health License

Now what?

T-Typo/minor
C-major Change

Q-out of busn
Z-dup acct
R-Revocation
W-no longer haz

U-Undelete

Control #
X060164

Care of
9001 RAYO AVE
Mailing address

7538 010382
SIC Acct #
09/19/98 15 100
Eff date Empl Fee
PIAZZA TRUCKING INC
DBA

09001

Begin End Frc ♦

RAYO

Street name

SGT 90280-

Unit City ZIP

323/357-1999

Site phone

BILL PIAZZA
Owner

AV

typ ♦

C -

Corp ID

/ -

Owner phone

Partner

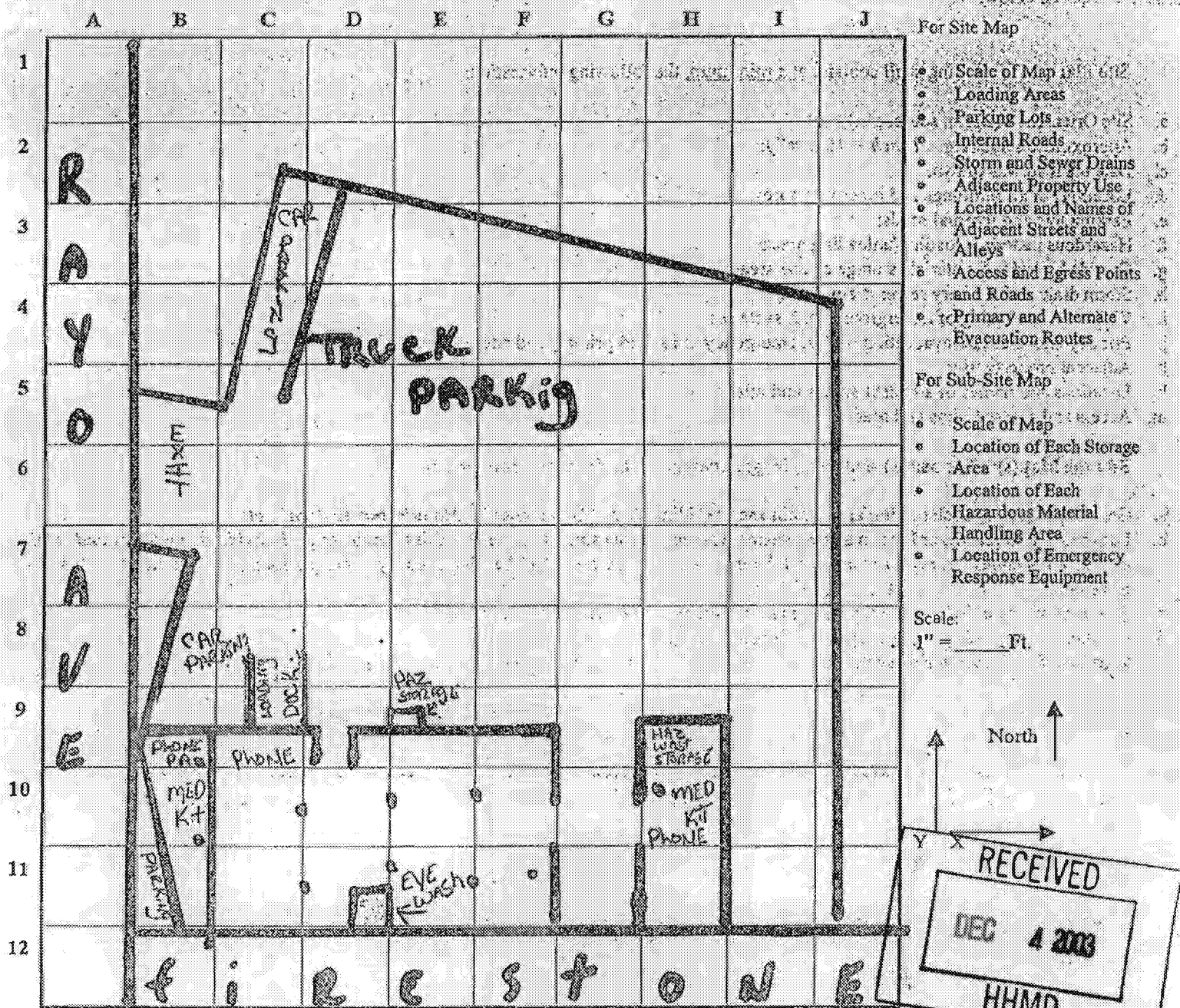
SOUTH GATE
City

CA 90280-
State ZIP

Press Esc to abort Enter to continue

SITE MAP

BUSINESS NAME PIAZZA TRUCKING			
SITE ADDRESS 9001 RAYO AVE		103	CITY SOUTH GATE
DATE MAP DRAWN 7-10-07		MAP #	FACILITY ID # 1
		104	ZIP CODE 90280



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DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	



Data Ops
copy

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

FACILITY IDENTIFICATION			
BUSINESS NAME	Piazza Trucking	3	FACILITY ID # 1 <i>PA 21681</i>
SITE ADDRESS	9002 Rayo Ave.	103	CITY 104 South Gate
			ZIP CODE 105 90280

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- ❖ Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- ❖ Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- ❖ Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641). These forms are not included in this packet.

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

--

PLAN CERTIFICATION

I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.

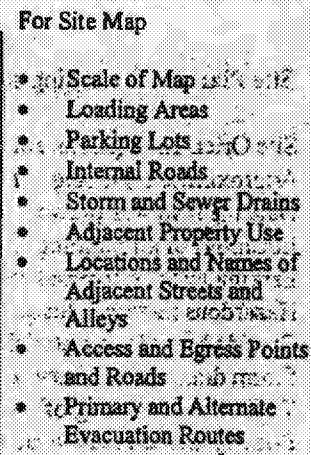
Printed Name of Owner/ Operator Bob Piazza	Title of Owner/Operator Vice President
Signature of Owner/Operator <i>[Signature]</i>	Date 7/08/02

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY		DATE RECEIVED <i>10/16/2002</i>		REVIEWED BY <i>Pavest</i>		
DIV	BN	STA <i>54</i>	OTHER	DISTRICT	CUPA	PA

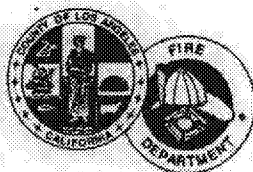
This micrograph shows a cell with a large, dark, circular nucleus containing a prominent, lighter-colored nucleolus. The surrounding cytoplasm is granular and less dense than the nucleus.

2000 1000 500 0



- Scale of Map
- Location of Each Storage Area
- Location of Each Hazardous Material Handling Area
- Location of Emergency Response Equipment

HIMD.HMSRF.OCTOBER.2000



Unified Program (UP) Form **CONSOLIDATED CONTINGENCY PLAN** **SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN**

I. FACILITY IDENTIFICATION

BUSINESS NAME Piazza Trucking	3	FACILITY ID #1
SITE ADDRESS 9001 Rayo Ave.	103	CITY South Gate
	104	ZIP CODE 90280

II. EMERGENCY CONTACTS

PRIMARY		SECONDARY	
NAME Bob Piazza	123	NAME Jim Ellison	128
TITLE Vice President - Operations	124	TITLE Safety Director	129
BUSINESS PHONE (323) 357-1999	125	BUSINESS PHONE (323) 357-1999	130
24-HOUR PHONE (800) 959-2889	126	24-HOUR PHONE (800) 959-2889	131
PAGER # Cell (323) 855-1869	127	PAGER # Cell (323) 855-1961	132

III. EMERGENCY RESPONSE PLANS AND PROCEDURES

A. Notifications

Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call:

FIRE/PARAMEDICS/POLICE/SHERIFF
PHONE: 911

AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services.

Local Unified Program Agency: (323) 890-4045
 State Office of Emergency Services: (800) 852-7550 or (916) 262-1621
 National Response Center: (800) 424-8802

Information to be provided during Notification:

- ❖ Your Name and the Telephone Number from where you are calling.
- ❖ Exact address of the release or threatened release.
- ❖ Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)
- ❖ Material and quantity of the release, to the extent known.
- ❖ Current condition of the facility.
- ❖ Extent of injuries, if any.
- ❖ Possible hazards to public health and/ or the environment outside of the facility.

B. Emergency Medical Facility

List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material.

HOSPITAL/CLINIC: Technimed-Commerce	PHONE NO: 323.728 9078
ADDRESS: 4730 Eastern Ave.	
CITY: Commerce	ZIP CODE: 90040

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	PA

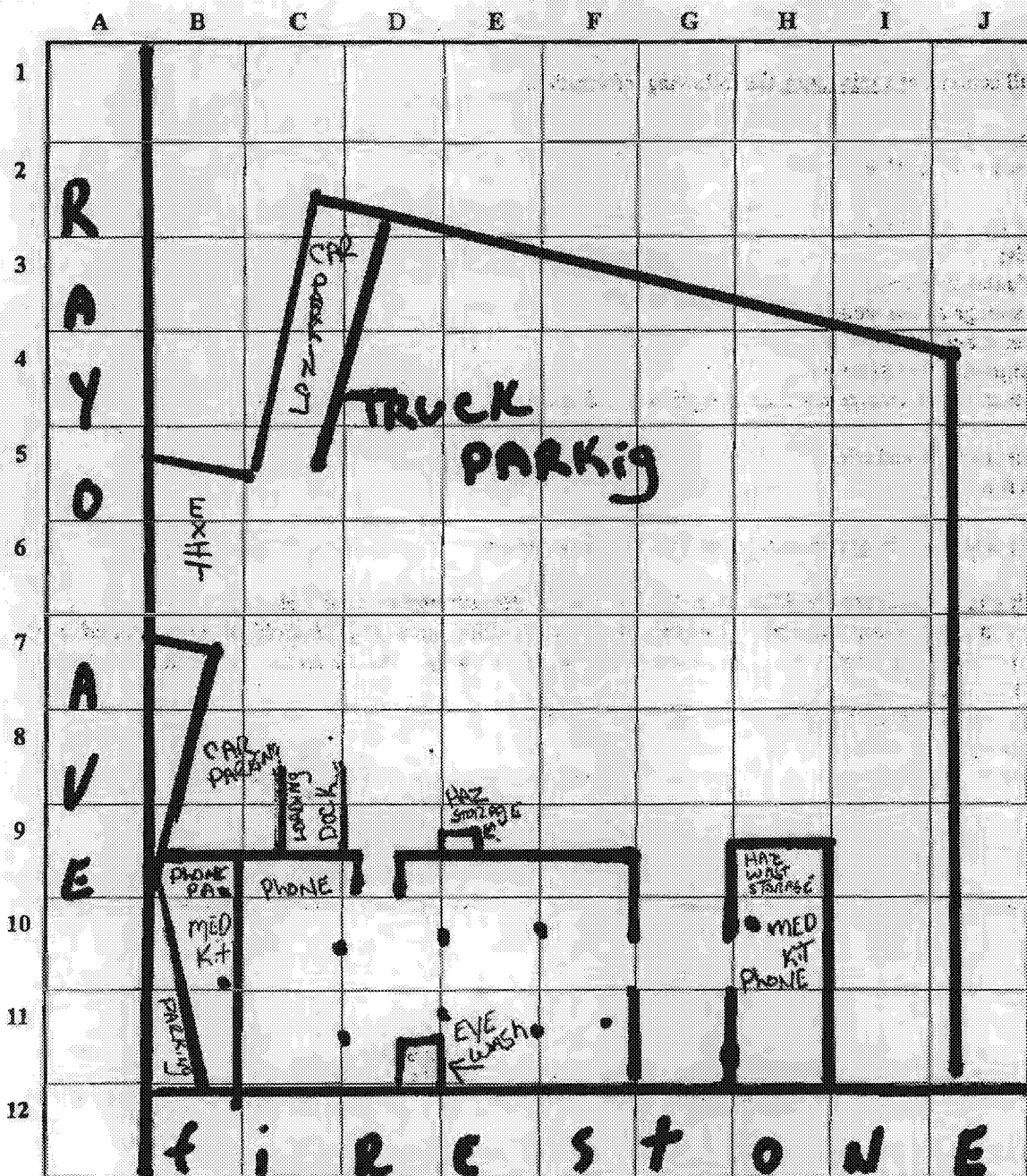
Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C. Private Emergency Response	
DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<i>If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.</i>	
CLEANUP/DISPOSAL CONTRACTOR	
<i>List the contractor that will provide cleanup services in the event of a release.</i>	
NAME OF CONTRACTOR: N/A	PHONE NO:
ADDRESS:	
CITY:	ZIP CODE:
D. Arrangements With Emergency Responders	
<i>If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:</i>	
N/A.	
E. Evacuation Plan	
1. The following alarm signal(s) will be used to begin evacuation of the facility (check all which apply):	
<input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Telephone (including cellular) <input type="checkbox"/> Alarm System <input type="checkbox"/> Public Address System <input checked="" type="checkbox"/> Intercom <input checked="" type="checkbox"/> Pagers <input checked="" type="checkbox"/> Portable Radio <input type="checkbox"/> Other (specify)	
2. <input checked="" type="checkbox"/> Evacuation map is prominently displayed throughout the facility.	
3. <input type="checkbox"/> Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:	
Bob Piazza & Jim Ellison	
F. Earthquake Vulnerability	
Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion. N/A	
<input checked="" type="checkbox"/> Hazardous Waste/ Hazardous Materials Storage Areas <input type="checkbox"/> Production Floor <input type="checkbox"/> Process Lines <input type="checkbox"/> Bench/ Lab <input type="checkbox"/> Waste Treatment <input type="checkbox"/> Other:	
Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.	
<input type="checkbox"/> Utilities <input type="checkbox"/> Sprinkler Systems <input type="checkbox"/> Cabinets <input type="checkbox"/> Shelves <input type="checkbox"/> Racks <input type="checkbox"/> Pressure Vessels <input checked="" type="checkbox"/> Gas Cylinders <input type="checkbox"/> Tanks <input type="checkbox"/> Process Piping <input type="checkbox"/> Shutoff Valves <input type="checkbox"/> Other:	

SITE MAP

BUSINESS NAME PIAZZA TRUCKING			
SITE ADDRESS 9001 RAYO AVE		CITY SOUTH GATE	ZIP CODE 90280
DATE MAP DRAWN 7 10 97	MAP #	FACILITY ID #	1



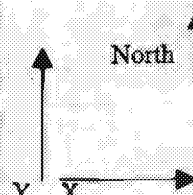
For Site Map

- Scale of Map
- Loading Areas
- Parking Lots
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets and Alleys
- Access and Egress Points and Roads
- Primary and Alternate Evacuation Routes

For Sub-Site Map

- Scale of Map
- Location of Each Storage Area
- Location of Each Hazardous Material Handling Area
- Location of Emergency Response Equipment

Scale:
1" = ____ Ft.



OFFICIAL USE ONLY			DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	



Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

FACILITY IDENTIFICATION			
BUSINESS NAME	Piazza Trucking	3	FACILITY ID #1 PA 21681
SITE ADDRESS	9002 Rayo Ave.	103	CITY 104 South Gate
			ZIP CODE 105 90280

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HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

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PLAN CERTIFICATION

I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.

Printed Name of Owner/ Operator
Bob Piazza

Title of Owner/Operator
Vice President

Signature of Owner/Operator

Date
7/08/02

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY		DATE RECEIVED	REVIEWED BY			
DIV	BN	STA 54	OTHER	DISTRICT	CUPA	PA



PIAZZA TRUCKING

3001 HAYO AVENUE • SOUTH GATE, CALIFORNIA 90280 • TEL: (323) 357-1999 • FAX: (323) 357-1980

FAX COVER SHEET

Date: 10-21-02 No. of Pages 2
(Including Cover Sheet)Attention: THOMAS PROVOSTCompany: COUNTY OF L.A.E.D.

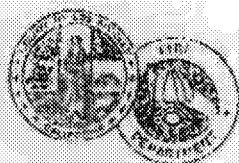
From: Bob Piazza Vice-President

Memo: COPY OF CONTINGENCY PLAN

If you do not receive all of this material properly please notify
the sender at (323) 357 - 1999 Ext 109.

Thank you.

~ Commitment To Service ~



Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C. Emergency Procedures

Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:

PREVENTION (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.

Spills and leaks are the hazards associated with materials in our facility. Hazardous materials and waste containers are stored with secondary containment. The containers are not stored by drains and are stored in leak proof containers with tight lids. The containers are held until discarded. The incompatible wastes are stored alone. Employees are trained to handle materials using protective gloves and safety glasses.

MITIGATION (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, etc., explosion, or other release at your business?

Minimal quantities, small spills are contained and mitigated on property by trained employees. If we had a small spill, the response would be: Evacuate unnecessary employees from the spill area. Make certain that the spilled material is cleaned up with absorbent materials and that the spill is contained and prevented from contaminating the ground or water nearby.

Large spills, that we may be unable to safely contain and mitigate would require reporting to the Fire Department. The response to large spills would be: immediately evacuate employees and call 911.

ABATEMENT (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?

Our response to a limited spill would be as follows. Employees responsible for the clean up will wear protective gloves, safety glasses and any other necessary protective clothing. The materials would be placed in a leak-proof airtight container. The container would be labeled as "hazardous waste" and be disposed of legally. The necessary notifications would then be made to the Health Hazardous Materials Division of the Los Angeles County Fire Dept. and to the State Office of Emergency Services.

Inventory / CCP Tracking Report

Printed By: ARC
Printed Date: 6/13/2011

Facility :	FA0021681	PIAZZA TRUCKING INC 9001 RAYO AVE	Phone: 323-357-1999 SOUTH GATE	90280
Owner :	OW0021681	CareOf: BOB PIAZZA	Work Phone: 323-357-1999	
	BASIL PIAZZA	DBA: PIAZZA TRUCKING INC	Home Phone: Not Specified	
	9001 RAYO AVE			
	SOUTH GATE	CA 90280		

Cert Mail:

Dunn / Brad :

SIC: 7538 - General automotive repair shops

ProgramElement: 3001 HM HANDLER, FEE GROUP 01
01

Previous Record: TBA

District: SOUTHEAST

Station: 054

Inventory Tracking Milestones

Date Completed

To Do Next

Inventory

* Current Status

H

Report Year 2011 6/9/2011

Package Sent Date 11/16/2010

Package Received Date 12/13/2010

Correction Notice Sent Date

Correction Received Date

Note BOB PIAZZA, VICE PRESIDENT - OPERATIONS, 12/10/10

Forward to District Office

CCP Tracking Milestones

CCP

* Current Status

H

Report Year 2011

Package Received Date 12/17/2009

Correction Notice Sent Date

Correction Received Date

Cal-ARP section --

RS: No



LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040



BUSINESS PLAN ANNUAL RENEWAL CERTIFICATION

Hazardous Materials Inventory Statement (HMIS)

I certify that the attached HMIS reflects the handling of hazardous materials for the reporting year in accordance with the following conditions: (Please check all that apply).

- ☐ **Delete:** Write "delete" on the HMIS next to any previously disclosed hazardous materials that are no longer used.
- ☐ **Revise:** Write the correct amounts, locations, or container type on the HMIS to reflect the accuracy of any previously reported hazardous materials.
- ☐ **EPCRA Compliance:** Fill in the EPCRA field with your signature on the HMIS for any hazardous material type and quantity identified on 40 CFR Part 355, Appendix A—The List of Extremely Hazardous Substances and Their Threshold Planning Quantities.
- ☐ **Add:** Complete one **Hazardous Materials Inventory—Chemical Description Form** to add each hazardous materials that you have not previously disclosed. Submit one form per chemical.
- ☒ **No Change:** **Hazardous Materials Inventory Statement (HMIS)** is accurate and complete.

Consolidated Contingency Plan (CCP)

An initial submittal of the CCP is required when you start handling hazardous materials. At least once every 3 years after the initial submittal, the CCP needs to be reviewed and certified that the file with your agency is accurate and current in accordance with the following conditions:

- ☐ **If the Owner/Operator page indicates "CCP Certification required"** complete and submit a new CCP.
- ☐ **Modification:** Significant changes in facility personnel or operations required a revision of the CCP. Complete and submit changes of your CCP with this form. Indicate changes by crossing out old information, and writing in the correct information.
- ☐ **Lost:** Complete and submit any parts of your CCP that were lost or damaged.
- ☒ **No Change:** There have not been any significant changes in the facility's personnel and operations that require a revision to the current CCP.

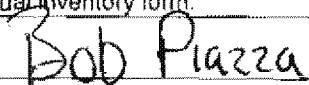
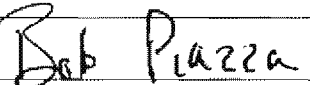
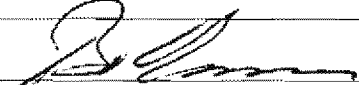
Cal-ARP Program

I reviewed the threshold quantities in Section 2770.5 of Title 19 of the California Code of Regulations and certify that any regulated substance on the attached HMIS accords with the following registration requirement:

- ☐ **Add:** Complete the **Cal-ARP Program Regulated Substance Registration** form only if the regulated substance is at or above the threshold quantity (TQ). Submit one form per chemical.
- ☐ **No Change:** The previously submitted registration for regulated substance(s) is accurate.

ANNUAL CERTIFICATION

I certify that the information submitted herein is complete and accurate. Also, no hazardous materials subject to the inventory requirements of Chapter 6.95 of the Health and Safety Code are being handled that are not listed on the most recently submitted annual inventory form.

 Print Name of Document Preparer <u>Piazza Trucking</u> Business Name	 Print Name of Owner/Operator <u>9001 Rayo Ave</u> Site Address	 Signature of Owner/Operator <u>12-10-10</u> Date
---	---	---

Submit this packet to the above address before January 3, 2011 to avoid a late submittal penalty of \$331 or other enforcement options. Certified Mail advised. Do not submit any fees with this packet.

Obtain unified program forms from our website at
<http://www.fire.lacounty.gov/HealthHazMat/HHMDForms.asp> or
from our Data Operations Unit at (323) 890-4000.

FA0021681

Owner/Operator Identification

V101026

Beginning Date: 1/1/2011 Ending Date: 12/31/2011

OWNER FILE INFORMATION

Please clearly make changes/corrections.

Owner ID: OW0021681
Owner Name: BASIL PIAZZA
Owner DBA: PIAZZA TRUCKING INC
Owner Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Work/Business Phone: 323-357-1999
Billing/Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
ATTN/Care of: BOB PIAZZA
Dvr Lic No: _____ State: _____
Tax ID : 95-2668141
Owner Date of Birth: _____

FACILITY FILE INFORMATION

On Site Regulated Substances : Yes ☐ No ☐

Facility ID: FA0021681
Facility Name: PIAZZA TRUCKING INC
Site Location: 9001 RAYO AVE
SOUTH GATE, CA 90280
Phone: 323-357-1999
Mailing Address: 9001 RAYO AVE
SOUTH GATE, CA 90280
Operator/Care of: BOB PIAZZA
E-Mail Address: BOBPIAZZA@PIAZZATRUCKING.COM
SIC Code: 7538
Operating Hours: Days: _____ Hours: _____
Station: 054

Date First Became Operational: _____

ENVIRONMENTAL CONTACT INFORMATION

Contact Name: BOB PIAZZA
9001 RAYO AVE
SOUTH GATE CA 90280
Phone: 323-357-1999

Received

DEC 13 2010

Dun & Bradst.: * Please Fill-Out

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT:

SECONDARY CONTACT:

HHMD - Data Ops

Name :	BOB PIAZZA	AL ARGON
Title :	VICE PRESIDENT-OPERATIONS	SAFETY DIRECTOR
Business Phone :	323-357-1999	323-357-1999
24 - Hour Phone :	800-959-2889	800-959-2889
Pager # :	323-855-1869	323-855-1961

ADDITIONAL INFORMATION

ASSESSORS PARCEL NUMBER: 6222-005-022

11 17-Jun-10

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate and complete.

Print Name of Document Preparer:

Signature of Owner/Operator:

Date:

Hazardous Materials Inventory Statement

Report #5316

Run By: RMARTINEZ

Date: 11/2/2010

Business Name: PIAZZA TRUCKING INC

(Same as Facility Name or DBA)

9001 RAYO AVE

SOUTH GATE

Page 2 of 2

Chemical Location: Unit # 1
(Building/Storage Area) **SHOP**

Facility ID #: FA0021681

1.	2.	3.	4. Hazardous Components (For mixture only)				5.	6. Quantities			7.	8. Storage Codes		9.			
Haz. Class	Grid Coordinate	Common Name	Trade Secret	Chemical Name	% Weight	EHS	CAS #	Type and Physical State	Max. Daily	Average Daily	Largest Cont.	Units	Storage Pressure	Storage Temp	Hazard Categories		
F4		ARGON						P	35	25	381.00	B	B	A	Y		
Sub-Location		ON SITE		<i>Components Not Necessary for Pure Chemical</i>				M: Mixture P: Pure W: Waste	Curies (If radioactive)		Days On Site	Storage Container*	A: Gallons B: Cu. Feet C: Pounds D: Tons Waste Code:		A: Ambient B: Ambient C: Ambient D: Cryogenic Amt:		Y: fire Y: pressure rele acute hea chronic heal radioactive
If EPCRA, sign:								G	L: Liquid S: Solid G: Gas	365	L						
H2012000		RS: N CAS# 7440-37-1															

* Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type
A	Aboveground Tank	D	Steel Drum	G	Carboy	J	Bag	M	Glass Bottle or Jug	F	Tank Wagon
B	Belowground Tank	E	Plastic/Non-metallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug	Q	Rail Car
C	Tank Inside Building	F	Can	I	Fiber Drum	L	Cylinder	O	Tote Bin	R	Other



UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (FORM 2731)
(One page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR **2011** 200 Page **1** of **1**

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) **PIAZZA TRAINING** 3

CHEMICAL LOCATION **9061 DAYS AVE SO GATE CA 90646** 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # **FA 002 1681** 203 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME **GEAR OIL** 205 TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME **GEAR OIL** 207 EHS* ☐ Yes ☒ No 208

CASH 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211 RADIOACTIVE ☐ Yes ☒ No 212 CURIES 213

PHYSICAL STATE (Check one item only) ☒ a. SOLID ☐ b. LIQUID ☐ c. GAS 214 LARGEST CONTAINER 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT **55** 217 MAXIMUM DAILY AMOUNT **55** 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220

UNITS* ☐ a. GALLONS ☐ b. CUBIC FEET ☒ c. POUNDS ☐ d. TONS 221 DAYS ON SITE: **365** 222
(Check one item only) * If EHS, amount must be in pounds.

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

- | | | | | |
|---|--|--|--|--------------------------------------|
| <input type="checkbox"/> a. ABOVEGROUND TANK | <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> i. FIBER DRUM | <input type="checkbox"/> m. GLASS BOTTLE | <input type="checkbox"/> q. RAIL CAR |
| <input type="checkbox"/> b. UNDERGROUND TANK | <input type="checkbox"/> f. CAN | <input type="checkbox"/> j. BAG | <input type="checkbox"/> n. PLASTIC BOTTLE | <input type="checkbox"/> r. OTHER |
| <input type="checkbox"/> c. TANK INSIDE BUILDING | <input type="checkbox"/> g. CARBOY | <input type="checkbox"/> k. BOX | <input type="checkbox"/> o. TOTE BIN | |
| <input checked="" type="checkbox"/> d. STEEL DRUM | <input type="checkbox"/> h. SILO | <input type="checkbox"/> l. CYLINDER | <input type="checkbox"/> p. TANK WAGON | |
- 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
100 226	NON-HAZARDOUS ADDITIVE BLEND IN DEFINED OIL 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	MIXTURE 229
2 230		<input type="checkbox"/> Yes <input type="checkbox"/> No 232	
3 234		<input type="checkbox"/> Yes <input type="checkbox"/> No 236	
4 238		<input type="checkbox"/> Yes <input type="checkbox"/> No 240	
5 242		<input type="checkbox"/> Yes <input type="checkbox"/> No 244	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY DATE RECEIVED **07-19-11** REVIEWED BY **CY. Ogunbayo**
DIV **HHMD** BN **13** STA **57** OTHER DISTRICT **SE** CUPA ☒ PA ☐



UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (FORM 2731)
(One page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 2011 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) PIAZZA TANKING 3

CHEMICAL LOCATION 9001 PRYD ME 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☐ NO 202

FACILITY ID # FA 002 1681 203 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME ETHYLENE/GLYCOL 205 TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME ANTI-FREEZE 207 EHS* ☐ Yes ☒ No 208

CAS# 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211 RADIOACTIVE ☐ Yes ☒ No 212 CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214 LARGEST CONTAINER 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 55 217 MAXIMUM DAILY AMOUNT 55 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220

UNITS* ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221 DAYS ON SITE 365 222
(Check one item only) * If EHS, amount must be in pounds.

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> c. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> q. RAILCAR
<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> r. OTHER
<input type="checkbox"/> e. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN	
<input checked="" type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> p. TANK WAGON	

 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
190-9699 226	ANTI-FREEZE / COOLANT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 227	229
2 230	ETHYLENE / GLYCOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 231	233
3 234	DEIONIZED WATER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 235	237
4 238	PROPRIETARY ADDITIVES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 239	241
5 242		<input type="checkbox"/> Yes <input type="checkbox"/> No 243	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED <u>07-19-11</u>		REVIEWED BY <u>CY. Oquaya</u>	
DIV <u>HHMD</u>	BN <u>13</u>	STA <u>57</u>	OTHER	DISTRICT <u>SE</u>	CUPA <input checked="" type="checkbox"/> PA <u>-</u>



UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (FORM 2731)
(One page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 2011 200 Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) PIAZZA TRUCKING 3

CHEMICAL LOCATION 9001 RAYD AVE SOUTHWEST CA 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # FA 002 1681 203 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME DILPANE 205 TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME DILPANE 207 EHS* ☐ Yes ☒ No 208

CAS# 74-98-6 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) H-1, F-4, R-0 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211 RADIOACTIVE ☐ Yes ☒ No 212 CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS 214 LARGEST CONTAINER 357 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 253,48 217 MAXIMUM DAILY AMOUNT 253,48 218 ANNUAL WASTE AMOUNT N/A 219 STATE WASTE CODE N/A 220

UNITS* (Check one item only) ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221 DAYS ON SITE 365 222
*If EHS, amount must be in pounds.

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> a. ABOVEGROUND TANK | <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> i. FIBER DRUM | <input type="checkbox"/> m. GLASS BOTTLE | <input type="checkbox"/> q. RAIL CAR |
| <input type="checkbox"/> b. UNDERGROUND TANK | <input type="checkbox"/> f. CAN | <input type="checkbox"/> j. BAG | <input type="checkbox"/> n. PLASTIC BOTTLE | <input type="checkbox"/> r. OTHER |
| <input type="checkbox"/> c. TANK INSIDE BUILDING | <input type="checkbox"/> g. CARBOY | <input type="checkbox"/> k. BOX | <input type="checkbox"/> o. TOTE BIN | |
| <input type="checkbox"/> d. STEEL DRUM | <input type="checkbox"/> h. SILO | <input checked="" type="checkbox"/> l. CYLINDER | <input type="checkbox"/> p. TANK WAGON | |
- 223

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED <u>07-19-11</u>		REVIEWED BY <u>[Signature]</u>	
DIV <u>HHMD</u>	BN <u>13</u>	STA <u>57</u>	OTHER	DISTRICT <u>SE</u>	CUPA <input checked="" type="checkbox"/> PA <input type="checkbox"/>

Material Safety Data Sheet

SECTION 1 PRODUCT AND COMPANY IDENTIFICATION

Chevron RPM® Universal Gear Lubricant

Product Number(s): CPS225039, CPS225040

Synonyms: Chevron RPM® Universal Gear Lubricant SAE 80W-90, Chevron RPM® Universal Gear Lubricant SAE 85W-140

Company Identification

ChevronTexaco Global Lubricants
6001 Bollinger Canyon Rd.
San Ramon, CA 94583
United States of America
www.chevron-lubricants.com

Transportation Emergency Response

CHEMTREC: (800) 424-9300 or (703) 527-3887

Health Emergency

ChevronTexaco Emergency Information Center: Located in the USA. International collect calls accepted. (800) 231-0623 or (510) 231-0623

Product Information

email : lubemsds@chevron.com
Product Information: (800) LUBE TEK
MSDS Requests: (800) 414-6737

SECTION 2 COMPOSITION/ INFORMATION ON INGREDIENTS

COMPONENTS	CAS NUMBER	AMOUNT
Non-hazardous additive blend in refined oil	Mixture	100 %weight

SECTION 3 HAZARDS IDENTIFICATION

IMMEDIATE HEALTH EFFECTS

Eye: Not expected to cause prolonged or significant eye irritation.

Skin: Contact with the skin is not expected to cause prolonged or significant irritation. Not expected to be harmful to internal organs if absorbed through the skin.

Ingestion: Not expected to be harmful if swallowed.

Inhalation: Not expected to be harmful if inhaled. Contains a petroleum-based mineral oil. May cause respiratory irritation or other pulmonary effects following prolonged or repeated inhalation of oil mist at airborne levels above the recommended mineral oil mist exposure limit. Symptoms of respiratory irritation may include coughing and difficulty breathing.

SECTION 4 FIRST AID MEASURES

Eye: No specific first aid measures are required. As a precaution, remove contact lenses, if worn, and flush eyes with water.

Material Safety Data Sheet

SECTION 1 PRODUCT AND COMPANY IDENTIFICATION

Chevron RPM® Universal Gear Lubricant

Product Number(s): CPS225039, CPS225040

Synonyms: Chevron RPM® Universal Gear Lubricant SAE 80W-90, Chevron RPM® Universal Gear Lubricant SAE 85W-140

Company Identification

ChevronTexaco Global Lubricants
6001 Bollinger Canyon Rd.
San Ramon, CA 94583
United States of America
www.chevron-lubricants.com

Transportation Emergency Response

CHEMTREC: (800) 424-9300 or (703) 527-3887

Health Emergency

ChevronTexaco Emergency Information Center: Located in the USA. International collect calls accepted. (800) 231-0623 or (510) 231-0623

Product Information

email : lubemsds@chevron.com
Product Information: (800) LUBE TEK
MSDS Requests: (800) 414-6737

SECTION 2 COMPOSITION/ INFORMATION ON INGREDIENTS

COMPONENTS	CAS NUMBER	AMOUNT
Non-hazardous additive blend in refined oil	Mixture	100 %weight

SECTION 3 HAZARDS IDENTIFICATION

IMMEDIATE HEALTH EFFECTS

Eye: Not expected to cause prolonged or significant eye irritation.

Skin: Contact with the skin is not expected to cause prolonged or significant irritation. Not expected to be harmful to internal organs if absorbed through the skin.

Ingestion: Not expected to be harmful if swallowed.

Inhalation: Not expected to be harmful if inhaled. Contains a petroleum-based mineral oil. May cause respiratory irritation or other pulmonary effects following prolonged or repeated inhalation of oil mist at airborne levels above the recommended mineral oil mist exposure limit. Symptoms of respiratory irritation may include coughing and difficulty breathing.

SECTION 4 FIRST AID MEASURES

Eye: No specific first aid measures are required. As a precaution, remove contact lenses, if worn, and flush eyes with water.

Skin: No specific first aid measures are required. As a precaution, remove clothing and shoes if contaminated. To remove the material from skin, use soap and water. Discard contaminated clothing and shoes or thoroughly clean before reuse.

Ingestion: No specific first aid measures are required. Do not induce vomiting. As a precaution, get medical advice.

Inhalation: No specific first aid measures are required. If exposed to excessive levels of material in the air, move the exposed person to fresh air. Get medical attention if coughing or respiratory discomfort occurs.

SECTION 5 FIRE FIGHTING MEASURES

FIRE CLASSIFICATION:

OSHA Classification (29 CFR 1910.1200): Not classified by OSHA as flammable or combustible.

NFPA RATINGS: Health: 0 Flammability: 1 Reactivity: 0

FLAMMABLE PROPERTIES:

Flashpoint: (Cleveland Open Cup) 180 °C (356 °F) (Min)

Autoignition: NDA

Flammability (Explosive) Limits (% by volume in air): Lower: NA Upper: NA

EXTINGUISHING MEDIA: Use water fog, foam, dry chemical or carbon dioxide (CO₂) to extinguish flames.

PROTECTION OF FIRE FIGHTERS:

Fire Fighting Instructions: This material will burn although it is not easily ignited. For fires involving this material, do not enter any enclosed or confined fire space without proper protective equipment, including self-contained breathing apparatus.

Combustion Products: Highly dependent on combustion conditions. A complex mixture of airborne solids, liquids, and gases including carbon monoxide, carbon dioxide, and unidentified organic compounds will be evolved when this material undergoes combustion. Combustion may form oxides of: Phosphorus, Sulfur.

SECTION 6 ACCIDENTAL RELEASE MEASURES

Protective Measures: Eliminate all sources of ignition in vicinity of spilled material.

Spill Management: Stop the source of the release if you can do it without risk. Contain release to prevent further contamination of soil, surface water or groundwater. Clean up spill as soon as possible, observing precautions in Exposure Controls/Personal Protection. Use appropriate techniques such as applying non-combustible absorbent materials or pumping. Where feasible and appropriate, remove contaminated soil. Place contaminated materials in disposable containers and dispose of in a manner consistent with applicable regulations.

Reporting: Report spills to local authorities and/or the U.S. Coast Guard's National Response Center at (800) 424-8802 as appropriate or required.

SECTION 7 HANDLING AND STORAGE

Precautionary Measures: Keep out of the reach of children.

General Handling Information: Avoid contaminating soil or releasing this material into sewage and drainage systems and bodies of water.

Static Hazard: Electrostatic charge may accumulate and create a hazardous condition when handling this material. To minimize this hazard, bonding and grounding may be necessary but may not, by themselves, be sufficient. Review all operations which have the potential of generating and accumulating an electrostatic charge and/or a flammable atmosphere (including tank and container filling, splash filling, tank cleaning, sampling, gauging, switch loading, filtering, mixing, agitation, and vacuum truck operations) and use appropriate mitigating procedures. For more information, refer to OSHA Standard 29 CFR 1910.106, 'Flammable and Combustible Liquids', National Fire Protection Association (NFPA 77, 'Recommended Practice on Static Electricity', and/or the American Petroleum Institute (API) Recommended Practice 2003, 'Protection Against Ignitions Arising Out of Static, Lightning, and Stray Currents'.

Container Warnings: Container is not designed to contain pressure. Do not use pressure to empty container or it may rupture with explosive force. Empty containers retain product residue (solid, liquid, and/or vapor) and can be dangerous. Do not pressurize, cut, weld, braze, solder, drill, grind, or expose such containers to heat, flame, sparks, static electricity, or other sources of ignition. They may explode and cause injury or death. Empty

containers should be completely drained, properly closed, and promptly returned to a drum reconditioner or disposed of properly.

SECTION 8 EXPOSURE CONTROLS/PERSONAL PROTECTION

GENERAL CONSIDERATIONS:

Consider the potential hazards of this material (see Section 3), applicable exposure limits, job activities, and other substances in the work place when designing engineering controls and selecting personal protective equipment. If engineering controls or work practices are not adequate to prevent exposure to harmful levels of this material, the personal protective equipment listed below is recommended. The user should read and understand all instructions and limitations supplied with the equipment since protection is usually provided for a limited time or under certain circumstances.

ENGINEERING CONTROLS:

Use in a well-ventilated area.

PERSONAL PROTECTIVE EQUIPMENT

Eye/Face Protection: No special eye protection is normally required. Where splashing is possible, wear safety glasses with side shields as a good safety practice.

Skin Protection: No special protective clothing is normally required. Where splashing is possible, select protective clothing depending on operations conducted, physical requirements and other substances in the workplace. Suggested materials for protective gloves include: 4H (PE/EVAL), Nitrile Rubber, Silver Shield, Viton.

Respiratory Protection: No respiratory protection is normally required.

If user operations generate an oil mist, determine if airborne concentrations are below the occupational exposure limit for mineral oil mist. If not, wear an approved respirator that provides adequate protection from the measured concentrations of this material. For air-purifying respirators use a particulate cartridge.

Use a positive pressure air-supplying respirator in circumstances where air-purifying respirators may not provide adequate protection.

Occupational Exposure Limits:

Component	Agency	TWA	STEL	Ceiling	Notation
Non-hazardous additive blend in refined oil	ACGIH	5 mg/m3	10 mg/m3		
Non-hazardous additive blend in refined oil	OSHAZ-1	5 mg/m3			

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Attention: the data below are typical values and do not constitute a specification.

Color: Brown

Physical State: Liquid

Odor: Petroleum odor

pH: NA

Vapor Pressure: <0.01 mmHg @ 37.8°C (100°F)

Vapor Density (Air = 1): >1

Boiling Point: >371°C (699.8°F)

Solubility: Soluble in hydrocarbons; insoluble in water

Freezing Point: NA **Melting Point:** NA

Specific Gravity: 0.88 - 0.91 @ 15.6°C (60.1°F) / 15.6°C (60.1°F)

Viscosity: 13.7 cSt @ 100°C (212°F) (Min)

SECTION 10 STABILITY AND REACTIVITY

Chemical Stability: This material is considered stable under normal ambient and anticipated storage and

handling conditions of temperature and pressure.

Incompatibility With Other Materials: May react with strong acids or strong oxidizing agents, such as chlorates, nitrates, peroxides, etc.

Hazardous Decomposition Products: Hydrogen Sulfide (Temperatures >149 °F (65 °C))

Hazardous Polymerization: Hazardous polymerization will not occur.

SECTION 11 TOXICOLOGICAL INFORMATION

IMMEDIATE HEALTH EFFECTS

Eye Irritation: The eye irritation hazard is based on evaluation of data for similar materials or product components.

Skin Irritation: The skin irritation hazard is based on evaluation of data for similar materials or product components.

Skin Sensitization: No product toxicology data available.

Acute Dermal Toxicity: The acute dermal toxicity hazard is based on evaluation of data for similar materials or product components.

Acute Oral Toxicity: The acute oral toxicity hazard is based on evaluation of data for similar materials or product components.

Acute Inhalation Toxicity: The acute inhalation toxicity hazard is based on evaluation of data for similar materials or product components.

ADDITIONAL TOXICOLOGY INFORMATION:

This product contains petroleum base oils which may be refined by various processes including severe solvent extraction, severe hydrocracking, or severe hydrotreating. None of the oils requires a cancer warning under the OSHA Hazard Communication Standard (29 CFR 1910.1200). These oils have not been listed in the National Toxicology Program (NTP) Annual Report nor have they been classified by the International Agency for Research on Cancer (IARC) as: carcinogenic to humans (Group 1), probably carcinogenic to humans (Group 2A), or possibly carcinogenic to humans (Group 2B). These oils have not been classified by the American Conference of Governmental Industrial Hygienists (ACGIH) as: confirmed human carcinogen (A1), suspected human carcinogen (A2), or confirmed animal carcinogen with unknown relevance to humans (A3).

SECTION 12 ECOLOGICAL INFORMATION

ECOTOXICITY

The toxicity of this material to aquatic organisms has not been evaluated. Consequently, this material should be kept out of sewage and drainage systems and all bodies of water.

ENVIRONMENTAL FATE

This material is not expected to be readily biodegradable.

SECTION 13 DISPOSAL CONSIDERATIONS

Oil collection services are available for used oil recycling or disposal. Place contaminated materials in containers and dispose of in a manner consistent with applicable regulations. Contact your sales representative or local environmental or health authorities for approved disposal or recycling methods.

SECTION 14 TRANSPORT INFORMATION

The description shown may not apply to all shipping situations. Consult 49CFR, or appropriate Dangerous Goods Regulations, for additional description requirements (e.g., technical name) and mode-specific or quantity-specific shipping requirements.

DOT Shipping Name: NOT REGULATED AS A HAZARDOUS MATERIAL FOR TRANSPORTATION UNDER 49 CFR

DOT Hazard Class: NOT APPLICABLE

DOT Identification Number: NOT APPLICABLE

DOT Packing Group: NOT APPLICABLE

Additional Information: NOT HAZARDOUS BY U.S. DOT. ADR/RID HAZARD CLASS NOT APPLICABLE.

IMO/IMDG Shipping Name: NOT REGULATED AS DANGEROUS GOODS FOR TRANSPORTATION UNDER THE IMDG CODE

IMO/IMDG Hazard Class: NOT APPLICABLE

IMO/IMDG Identification Number: NOT APPLICABLE

IMO/IMDG Packing Group: NOT APPLICABLE

SECTION 15 REGULATORY INFORMATION

EPCRA 311/312 CATEGORIES: 1. Immediate (Acute) Health Effects: NO

2. Delayed (Chronic) Health Effects: NO

3. Fire Hazard: NO

4. Sudden Release of Pressure Hazard: NO

5. Reactivity Hazard: NO

REGULATORY LISTS SEARCHED:

01-1=IARC Group 1

03=EPCRA 313

01-2A=IARC Group 2A

04=CA Proposition 65

01-2B=IARC Group 2B

05=MA RTK

02=NTP Carcinogen

06=NJ RTK

07=DOT Marine Pollutant

08=PA RTK

No components of this material were found on the regulatory lists above.

CHEMICAL INVENTORIES:

AUSTRALIA: All the components of this material are listed on the Australian Inventory of Chemical Substances (AICS).

CANADA: All the components of this material are on the Canadian Domestic Substances List (DSL).

EUROPEAN UNION: All the components of this material are in compliance with the EU Seventh Amendment Directive 92/32/EEC.

JAPAN: All the components of this product are on the Existing & New Chemical Substances (ENCS) inventory in Japan, or have an exemption from listing.

KOREA: All the components of this product are on the Existing Chemicals List (ECL) in Korea.

PHILIPPINES: All the components of this product are listed on the Philippine Inventory of Chemicals and Chemical Substances (PICCS).

UNITED STATES: All of the components of this material are on the Toxic Substances Control Act (TSCA) Chemical Inventory.

NEW JERSEY RTK CLASSIFICATION:

Under the New Jersey Right-to-Know Act L. 1983 Chapter 315 N.J.S.A. 34:5A-1 et. seq., the product is to be identified as follows: PETROLEUM OIL (Gear oil)

WHMIS CLASSIFICATION:

This product is not considered a controlled product according to the criteria of the Canadian Controlled Products Regulations.

SECTION 16 OTHER INFORMATION

NFPA RATINGS: Health: 0 Flammability: 1 Reactivity: 0

HMIS RATINGS: Health: 1 Flammability: 1 Reactivity: 0

(0-Least, 1-Slight, 2-Moderate, 3-High, 4-Extreme, PPE:- Personal Protection Equipment Index recommendation, *- Chronic Effect Indicator). These values are obtained using the guidelines or published evaluations prepared by the National Fire Protection Association (NFPA) or the National Paint and Coating Association (for HMIS ratings).

REVISION STATEMENT: This revision updates the following sections of this Material Safety Data Sheet: 1, 2, 5, 8, 9, 11, 14, 15

ABBREVIATIONS THAT MAY HAVE BEEN USED IN THIS DOCUMENT:

TLV	-	Threshold Limit Value	TWA	-	Time Weighted Average
STEL	-	Short-term Exposure Limit	PEL	-	Permissible Exposure Limit
CVX	-	ChevronTexaco	CAS	-	Chemical Abstract Service Number
NDA	-	No Data Available	NA	-	Not Applicable
<=	-	Less Than or Equal To	>=	-	Greater Than or Equal To

Prepared according to the OSHA Hazard Communication Standard (29 CFR 1910.1200) and the ANSI MSDS Standard (Z400.1) by the ChevronTexaco Energy Research & Technology Company, 100 Chevron Way, Richmond, California 94802.

The above information is based on the data of which we are aware and is believed to be correct as of the date hereof. Since this information may be applied under conditions beyond our control and with which we may be unfamiliar and since data made available subsequent to the date hereof may suggest modifications of the information, we do not assume any responsibility for the results of its use. This Information is furnished upon condition that the person receiving it shall make his own determination of the suitability of the material for his particular purpose.

MATERIAL SAFETY DATA SHEET
Revision Date: 07/28/2003

SECTION 1 PRODUCT AND COMPANY IDENTIFICATION

PRODUCT: SHELLZONE® Antifreeze/Coolant
MSDS NUMBER: 80070E - 15
PRODUCT CODE(S): 94010

MANUFACTURER ADDRESS: SOPUS Products, P.O. Box 4453, Houston, TX. 77210-4453

TELEPHONE NUMBERS

Spill Information: (877) 242-7400
Health Information: (877) 504-9351
MSDS Assistance Number: (877) 276-7285

SECTION 2 PRODUCT/INGREDIENTS

CAS#	CONCENTRATION	INGREDIENTS
		Antifreeze/Coolant
107-21-1	90 - 96.99 %weight	Ethylene Glycol
7732-18-5	2 - 4.99 %weight	Deionized Water
Mixture	1 - 2.99 %weight	Proprietary additives

SECTION 3 HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

Appearance & Odor: Fluorescent green liquid. Mild odor.

Health Hazards: May be harmful or fatal if swallowed. Do not induce vomiting.

May cause aspiration pneumonitis. May cause CNS depression.

NFPA Rating (Health, Fire, Reactivity): 2, 1, 0

Hazard Rating: Least - 0 Slight - 1 Moderate - 2 High - 3

Extreme - 4

Inhalation:

In applications where vapors (caused by high temperature) or mists (caused by mixing or spraying) are created, breathing may cause a mild burning sensation in the nose, throat and lungs.

Eye Irritation:

May cause slight irritation of the eyes. If irritation occurs, a temporary burning sensation, minor redness, swelling, and/or blurred vision may result.

Skin Contact:

May cause slight irritation of the skin. If irritation occurs, a temporary burning sensation and minor redness and/or swelling may result. Other adverse effects not expected from brief skin contact.

Ingestion:

This material may be harmful or fatal if swallowed. Ingestion may result in vomiting; aspiration (breathing) of vomitus into lungs must be avoided as even small quantities may result in aspiration pneumonitis. Contains ethylene glycol and/or diethylene glycol which are toxic when swallowed. A lethal dose for an adult is 1 ml per kilogram or about 4 ounces (1/2 cup). Severe kidney damage can occur as a result of ingestion. May cause Central Nervous System (CNS) depression.

Other Health Effects:

Refer to Section 11, Toxicological Information, for specific information on the following effects:

Developmental Toxicity**Primary Target Organs:**

The following organs and/or organ systems may be damaged by overexposure to this material and/or its components:

Kidney, Liver

Signs and Symptoms:

Irritation as noted above. Aspiration pneumonitis may be evidenced by coughing, labored breathing and cyanosis (bluish skin); in severe cases death may occur. Early to moderate CNS depression may be evidenced by giddiness, headache, dizziness and nausea. In extreme cases, unconsciousness and death may occur. Kidney damage may be indicated by changes in urine output or appearance, pain upon urination or in the lower back or general edema (swelling from fluid retention). Liver damage may be indicated by loss of appetite, jaundice (yellowish skin and eye color), fatigue and sometimes pain and swelling in the upper right abdomen.

Aggravated Medical Conditions:

Pre-existing eye, skin, respiratory, liver and kidney disorders and may be aggravated by exposure to this product.

For additional health information, refer to section 11.

SECTION 4 FIRST AID MEASURES

Inhalation:

If the victim has difficulty breathing or tightness of the chest, is dizzy, vomiting or unresponsive, give 100% oxygen with rescue breathing or CPR as required and transport to the nearest medical facility.

Skin:

Flush exposed area with water and follow by washing with soap if available. If redness, swelling, pain and/or blisters occur, transport to the nearest medical facility for additional treatment.

Eye:

Flush eyes with plenty of water while holding eyelids open. Rest eyes for 30 minutes. If redness, burning, blurred vision or swelling occur, transport to nearest medical facility for additional treatment.

Ingestion:

DO NOT take internally. Do NOT induce vomiting. If vomiting occurs spontaneously, keep head below hips to prevent aspiration of liquid into

lungs. Get medical attention.

Note to Physician:

Ethylene Glycol (EG) and Diethylene Glycol (DEG) intoxication may initially produce behavioral changes, drowsiness, vomiting, diarrhea, thirst, and convulsions. EG and DEG are nephrotoxic. End stages of poisoning may include renal damage or failure with acidosis. Supportive measures, supplemented with hemodialysis if indicated, may limit the progression and severity of toxic effects. For ETHYLENE GLYCOL POISONING, intravenous ethanol is a recognized antidotal treatment; other antidotal treatments also exist for ethylene glycol poisoning.

SECTION 5 FIRE FIGHTING MEASURES

Flash Point [Method]: 260 °F/126.67 °C [Pensky-Martens Closed Cup]

Extinguishing Media:

Use water fog, 'alcohol foam', dry chemical or carbon dioxide (CO2) to extinguish flames. Do not use a direct stream of water.

Fire Fighting Instructions:

Material will not burn unless preheated. Do not enter confined fire space without full bunker gear (helmet with face shield, bunker coats, gloves and rubber boots), including a positive pressure, NIOSH approved, self-contained breathing apparatus.

SECTION 6 ACCIDENTAL RELEASE MEASURES

Protective Measures:

May burn although not readily ignitable.

Wear appropriate personal protective equipment when cleaning up spills. Refer to Section 8.

Spill Management:

Shut off source of leak if safe to do so. Dike and contain spill.

FOR LARGE SPILLS: Remove with vacuum truck or pump to storage/salvage vessels.

FOR SMALL SPILLS: Soak up residue with an absorbent such as clay, sand or other suitable material. Place in non-leaking container and seal tightly for proper disposal.

Reporting:

U.S. regulations require reporting releases of this material to the environment which exceed the reportable quantity to the National Response Center at (800)424-8802.

SECTION 7 HANDLING AND STORAGE

Precautionary Measures:

Avoid heat, open flames, including pilot lights, and strong oxidizing agents. Use explosion-proof ventilation to prevent vapor accumulation. Ground all handling equipment to prevent sparking. Avoid contact with eyes, skin and clothing. Wash thoroughly after handling.

Storage:

Store in a cool, dry place with adequate ventilation. Keep away from open flames and high temperatures.

Container Warnings:

Keep containers closed when not in use. Containers, even those that have been emptied, can contain explosive vapors. Do not cut, drill, grind, weld or perform similar operations on or near containers.

SECTION 8 EXPOSURE CONTROLS/PERSONAL PROTECTION

Dipotassium phosphate ACGIH TLV TWA: 1 mg/m³
Dipotassium phosphate OSHA PEL - 1989(revoked) TWA: 1 mg/m³ STEL: 3 mg/m³

Ethylene Glycol ACGIH TLV Ceiling: 100 mg/m³
Ethylene Glycol OSHA PEL - 1989(revoked) Ceiling: 50 ppmv

EXPOSURE CONTROLS

Adequate ventilation to control airborne concentrations below the exposure guidelines/limits. Eye washes and showers for emergency use.

PERSONAL PROTECTION

Personal protective equipment (PPE) selections vary based on potential exposure conditions such as handling practices, concentration and ventilation. Information on the selection of eye, skin and respiratory protection for use with this material is provided below.

Eye Protection:

Chemical Goggles - If liquid contact is likely., or Safety glasses with side shields

Skin Protection:

Use protective clothing which is chemically resistant to this material. Selection of protective clothing depends on potential exposure conditions and may include gloves, boots, suits and other items. The selection(s) should take into account such factors as job task, type of exposure and durability requirements.

Published literature, test data and/or glove and clothing manufacturers indicate the best protection is provided by:

Neoprene, or Nitrile Rubber

Respiratory Protection:

If engineering controls do not maintain airborne concentrations to a level which is adequate to protect worker health, an approved respirator must be worn. Respirator selection, use and maintenance should be in accordance with the requirements of the OSHA Respiratory Protection Standard, 29 CFR 1910.134.

Types of respirator(s) to be considered in the selection process include:
For Mist: Air Purifying, R or P style NIOSH approved respirator.
For Vapors: Air Purifying, R or P style prefilter & organic cartridge,
NIOSH approved respirator. Self-contained breathing apparatus for use in
environments with unknown concentrations or emergency situations.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Appearance & Odor: Fluorescent green liquid. Mild odor.
Substance Chemical Family: Ethylene Glycols
Appearance: Fluorescent green liquid.

Boiling Point: 226 °F

Flash Point: 260 °F [Pensky-Martens Closed Cup]

Freezing Point: -34 °F

Odor: Mild odor.

pH: 10.2 - 11

Specific Gravity: 1.12 - 1.14

NOTE: The freezing and boiling point values reflect a 50% solution in water
at atmospheric pressure.

SECTION 10 REACTIVITY AND STABILITY

Materials to Avoid:
Avoid contact with strong oxidizing agents.

Hazardous Decomposition Products:
Thermal decomposition products are highly dependent on combustion conditions.
A complex mixture of airborne solids, liquids and gases will evolve when this
material undergoes pyrolysis or combustion. Acids, Aldehydes, Carbon
Monoxide, Carbon Dioxide, Ketones
and other unidentified organic compounds may be formed upon combustion.

SECTION 11 TOXICOLOGICAL INFORMATION

Acute Toxicity

Dermal LD50 > 2 g/kg(Rabbit) OSHA: Non-Toxic Based on components(s)

Oral LDLo 1 ml/kg(Human) OSHA: Non-Toxic Based on components(s)

Carcinogenicity Classification

Antifreeze/Coolant

NTP: No IARC: Not Reviewed ACGIH: No OSHA: No

Developmental Toxicity

Oral exposure of pregnant rats and mice to ethylene glycol has produced birth
defects in the offspring.

Kidney

Ingestion of ethylene glycol can cause bladder stones and kidney damage which can be fatal.

Liver

Prolonged and repeated ingestion of ethylene glycol has produced liver damage in rats.

SECTION 12 ECOLOGICAL INFORMATION

Environmental Impact Summary:

There is no ecological data available for this product.

SECTION 13 DISPOSAL CONSIDERATIONS

RCRA Information:

Under RCRA, it is the responsibility of the user of the material to determine, at the time of the disposal, whether the material meets RCRA criteria for hazardous waste. This is because material uses, transformations, mixtures, processes, etc. may affect the classification. Refer to the latest EPA, state and local regulations regarding proper disposal.

SECTION 14 TRANSPORT INFORMATION

US Department of Transportation Classification

This material is not regulated under 49 CFR if in a container of 119 gallon capacity or less. If shipped in a container of over 119 gallon capacity then the DOT information must be accompanied with RQ notation, or, an otherwise 'Not Regulated' product will be classified as Environmentally Hazardous (solid/liquid) N.O.S., Class 9, Packing group III unless the product qualifies for the petroleum exemption (49 CFR 171.8).

Hazardous Substance/Material RQ: Ethylene glycol / 5272.7043 lbs

International Air Transport Association

Hazard Class/Division: 9 (Miscellaneous)

Identification Number: UN3082

Packing Group: III

Proper Shipping Name: Environmentally Hazardous Substance, Liquid, N.O.S.

Technical Name(s): Ethylene Glycol

International Maritime Organization Classification

Hazard Class/Division: 9 (Miscellaneous)
Identification Number: UN3082
Packing Group: III
Proper Shipping Name: Environmentally Hazardous Substances, Liquid, N.O.S.
Technical Name(s): Ethylene Glycol

SECTION 15 REGULATORY INFORMATION

FEDERAL REGULATORY STATUS

OSHA Classification:

Product is hazardous according to the OSHA Hazard Communication Standard, 29 CFR 1910.1200.

Comprehensive Environmental Release, Compensation & Liability Act (CERCLA):

Ethylene Glycol RQ 5000 lbs Reportable Spill => 5273 lbs or 632 gal

Potassium hydroxide RQ 1000 lbs Reportable Spill => 133333 lbs or 15993 gal

Sodium hydroxide RQ 1000 lbs Reportable Spill => 416667 lbs or 49978 gal

Ozone Depleting Substances (40 CFR 82 Clean Air Act):

This material does not contain nor was it directly manufactured with any Class I or Class II ozone depleting substances.

Superfund Amendment & Reauthorization Act (SARA) Title III:

There are no components in this product on the SARA 302 list.

SARA Hazard Categories (311/312):

Immediate Health: YES Delayed Health: NO Fire: NO Pressure: NO

Reactivity: NO

SARA Toxic Release Inventory (TRI) (313):

Ethylene Glycol

Toxic Substances Control Act (TSCA) Status:

All component(s) of this material is(are) listed on the EPA/TSCA Inventory of Chemical Substances.

Other Chemical Inventories:

Component(s) of this material is (are) listed on the Australian AICS, Canadian DSL, Chinese Inventory, European EINECS, Korean Inventory, Philippines PICCS,

State Regulation

The following chemicals are specifically listed by individual states; other product specific health and safety data in other sections of the MSDS may also be applicable for state requirements. For details on your regulatory requirements you should contact the appropriate agency in your state.

New Jersey Right-To-Know Chemical List:

Ethylene Glycol (0878) 90 - 96.99 %weight Special Hazard

Pennsylvania Right-To-Know Chemical List:

1,2-Ethanediol (107-21-1) 90 - 96.99 %weight Environmental Hazard

SECTION 16 OTHER INFORMATION

Revision#: 15

Revision Date: 07/28/2003

Revisions since last change (discussion): This Material Safety Data Sheet (MSDS) has been newly reviewed to fully comply with the guidance contained in the ANSI MSDS standard (ANSI Z400.1-1998). We encourage you to take the opportunity to read the MSDS and review the information contained therein.

SECTION 17 LABEL INFORMATION

READ AND UNDERSTAND MATERIAL SAFETY DATA SHEET BEFORE HANDLING OR DISPOSING OF PRODUCT. THIS LABEL COMPLIES WITH THE REQUIREMENTS OF THE OSHA HAZARD COMMUNICATION STANDARD (29 CFR 1910.1200) FOR USE IN THE WORKPLACE. THIS LABEL IS NOT INTENDED TO BE USED WITH PACKAGING INTENDED FOR SALE TO CONSUMERS AND MAY NOT CONFORM WITH THE REQUIREMENTS OF THE CONSUMER PRODUCT SAFETY ACT OR OTHER RELATED REGULATORY REQUIREMENTS.

PRODUCT CODE(S): 94010

SHELLZONE® Antifreeze/Coolant

WARNING!

MAYBE HARMFUL OR FATAL IF SWALLOWED. ASPIRATION HAZARD IF SWALLOWED - CAN ENTER LUNGS AND CAUSE DAMAGE. MAY CAUSE CENTRAL NERVOUS SYSTEM DEPRESSION.

MAY CAUSE DAMAGE TO: Kidney, Liver

Refer to Section 11, Toxicological Information, for specific information on the following effects:
Developmental Toxicity

Precautionary Measures:

Avoid prolonged or repeated contact with eyes, skin and clothing. Avoid breathing of vapors, fumes, or mist. Do not take internally. Use only with adequate ventilation. Keep container closed when not in use. Wash thoroughly after handling.

FIRST AID

Inhalation: If the victim has difficulty breathing or tightness of the chest, is dizzy, vomiting or unresponsive, give 100% oxygen with rescue breathing or CPR as required and transport to the nearest medical facility.

Skin Contact: Flush exposed area with water and follow by washing with soap if available. If redness, swelling, pain and/or blisters occur, transport to

the nearest medical facility for additional treatment.

Eye Contact: Flush eyes with plenty of water while holding eyelids open.

Rest eyes for 30 minutes. If redness, burning, blurred vision or swelling occur, transport to nearest medical facility for additional treatment.

Ingestion: DO NOT take internally. Do NOT induce vomiting. If vomiting occurs spontaneously, keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.

FIRE

In case of fire, Use water fog, 'alcohol foam', dry chemical or carbon dioxide (CO2) to extinguish flames. Do not use a direct stream of water.

SPILL OR LEAK

Dike and contain spill.

FOR LARGE SPILLS: Remove with vacuum truck or pump to storage/salvage vessels.

FOR SMALL SPILLS: Soak up residue with an absorbent such as clay, sand or other suitable material. Place in non-leaking container and seal tightly for proper disposal.

CONTAINS: Ethylene Glycol, 107-21-1; Deionized Water, 7732-18-5; Proprietary additives, Mixture

NFPA Rating (Health, Fire, Reactivity): 2, 1, 0

TRANSPORTATION

US Department of Transportation Classification

This material is not regulated under 49 CFR if in a container of 119 gallon capacity or less. If shipped in a container of over 119 gallon capacity then the DOT information must be accompanied with RQ notation, or, an otherwise 'Not Regulated' product will be classified as Environmentally Hazardous (solid/liquid) N.O.S., Class 9, Packing group III unless the product qualifies for the petroleum exemption (49 CFR 171.8).

Hazardous Substance/Material RQ: Ethylene glycol / 5272.7043 lbs

CAUTION: Misuse of empty containers can be hazardous. Empty containers can be hazardous if used to store toxic, flammable, or reactive materials. Cutting or welding of empty containers might cause fire, explosion or toxic fumes from residues. Do not pressurize or expose to open flames or heat. Keep container closed and drum bungs in place.

Name and Address

SOPUS Products
P.O. Box 4453
Houston, TX 77210-4453

ADMINISTRATIVE INFORMATION

MANUFACTURER ADDRESS: SOPUS Products, P.O. Box 4453, Houston, TX.
77210-4453

Company Product Stewardship & Regulatory Compliance Contact: Timothy W Childs
Phone Number: (281) 874-7708

THE INFORMATION CONTAINED IN THIS DATA SHEET IS BASED ON THE DATA AVAILABLE TO

US AT THIS TIME, AND IS BELIEVED TO BE ACCURATE BASED UPON THAT : IT IS PROVIDED INDEPENDENTLY OF ANY SALE OF THE PRODUCT, FOR PURPOSE OF HAZARD COMMUNICATION. IT IS NOT INTENDED TO CONSTITUTE PRODUCT PERFORMANCE INFORMATION, AND NO EXPRESS OR IMPLIED WARRANTY OF ANY KIND IS MADE WITH RESPECT TO THE PRODUCT, UNDERLYING DATA OR THE INFORMATION CONTAINED HEREIN. YOU ARE URGED TO OBTAIN DATA SHEETS FOR ALL PRODUCTS YOU BUY, PROCESS, USE OR DISTRIBUTE, AND ARE ENCOURAGED TO ADVISE THOSE WHO MAY COME IN CONTACT WITH SUCH PRODUCTS OF THE INFORMATION CONTAINED HEREIN.

TO DETERMINE THE APPLICABILITY OR EFFECT OF ANY LAW OR REGULATION WITH RESPECT TO THE PRODUCT, YOU SHOULD CONSULT WITH YOUR LEGAL ADVISOR OR THE APPROPRIATE GOVERNMENT AGENCY. WE WILL NOT PROVIDE ADVICE ON SUCH MATTERS, OR BE RESPONSIBLE FOR ANY INJURY FROM THE USE OF THE PRODUCT DESCRIBED HEREIN. THE UNDERLYING DATA, AND THE INFORMATION PROVIDED HEREIN AS A RESULT OF THAT DATA, IS THE PROPERTY OF SOPUS PRODUCTS AND IS NOT TO BE THE SUBJECT OF SALE OR EXCHANGE WITHOUT THE EXPRESS WRITTEN CONSENT OF SOPUS PRODUCTS.

37570-11566-100R-07/28/2003

Date: 04/12/2011

Run By:

Facilities Chemical Inventory Report

Current Update On: 06/17/2010

FA0021681

PIAZZA TRUCKING INC

9001 RAYO AVE

SOUTH GATE

90280

Report # 5304

V.091207

PE: (Current) 3001

PE: (Calculated) 3002

Fee Group Assignment
Before Adjustment

3001 Gas in Cubic Feet

319

3002 Liquid in Gallon:

695

3000 Solid in Pound:

0

A: Gallon B: Cubic Feet C: Pound

L: Liquid S: Solid G: Gas

M: Mix P: Pure

Unit	Chemical Name	CAS #	Common Name	Max Amt	Unit of Meas	Physical State	Type	Comp CAS #	Components	% Wt
1	SHOP									
	MOTOR OIL		OIL 15W-40 MOTOR OIL	400	A	L	P			
			WASTE COOLANT	55	A	L	W	107-21-1	ETHYLENE GLYCOL	50
	PETROLEUM HYDROCARBON WASTE		WASTE OIL	240	A	L	W		WASTE OIL	95
	OXYGEN	7782-44-7	OXYGEN	249	B	G	P			
	ACETYLENE	74-86-2	WELDING GAS	35	B	G	P			
	ARGON	7440-37-1	ARGON	35	B	G	P			

11 tanks of propane (40 lbs). y Nov.

85-W140 (gear lubricant)

1X 55 gal plastic container of Glycol. y



UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (FORM 2731)
(One page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR **2007** 200 Page **2** of **2**

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) **PIAZZA TRUCKING INC.** 3

CHEMICAL LOCATION **9001 RAYO AVE** 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # **FA 0021681** MAP# (optional) **705** 203 GRID# (optional) **F-4** 204

II. CHEMICAL INFORMATION

CHEMICAL NAME **ACETYLENE** 205 TRADE SECRET ☐ Yes ☒ No 206
(If Subject to EPCRA, refer to instructions)

COMMON NAME **WELDING GAS** 207 EHS* ☐ Yes ☒ No 208

CAS# **514-86-2** 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211 RADIOACTIVE ☐ Yes ☒ No 212 CURIES **N/A** 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS 214 LARGEST CONTAINER **381** 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGED DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220
25 **35** **N/A** **N/A**

UNITS* ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221 DAYS ON SITE: **365** 222
(Check one item only) * If EHS, amount must be in pounds

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> a. ABOVEGROUND TANK | <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> i. FIBER DRUM | <input type="checkbox"/> m. GLASS BOTTLE | <input type="checkbox"/> q. RAIL CAR |
| <input type="checkbox"/> b. UNDERGROUND TANK | <input type="checkbox"/> f. CAN | <input type="checkbox"/> j. BAG | <input type="checkbox"/> n. PLASTIC BOTTLE | <input type="checkbox"/> r. OTHER |
| <input type="checkbox"/> c. TANK INSIDE BUILDING | <input type="checkbox"/> g. CARBOY | <input type="checkbox"/> k. BOX | <input type="checkbox"/> o. TOTE BIN | |
| <input type="checkbox"/> d. STEEL DRUM | <input type="checkbox"/> h. SILO | <input checked="" type="checkbox"/> l. CYLINDER | <input type="checkbox"/> p. TANK WAGON | |

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present in greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY			
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA	



UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (FORM 2731)
(One page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 2007 200 Page 1 of 2

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) PIAZZA TRUCKING INC. 3

CHEMICAL LOCATION 9001 RAYO AVE 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 002 1681 1 MAP# (optional) 705 203 GRID# (optional) F-4 204

II. CHEMICAL INFORMATION

CHEMICAL NAME ARGON 205 TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME ARGON 207 EHS* ☐ Yes ☒ No 208

CAS# 7440-37-1 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211 RADIOACTIVE ☐ Yes ☒ No 212 CURIES N/A 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS 214 LARGEST CONTAINER 381 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 25 217 MAXIMUM DAILY AMOUNT 35 218 ANNUAL WASTE AMOUNT N/A 219 STATE WASTE CODE N/A 220

UNITS* (Check one item only) ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221 DAYS ON SITE 365 222
* If EHS, amount must be in pounds.

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

- | | | | | |
|--|--|---|--|-------------------------------------|
| <input type="checkbox"/> a. ABOVEGROUND TANK | <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> i. FIBER DRUM | <input type="checkbox"/> m. GLASS BOTTLE | <input type="checkbox"/> q. RAILCAR |
| <input type="checkbox"/> b. UNDERGROUND TANK | <input type="checkbox"/> f. CAN | <input type="checkbox"/> j. BAG | <input type="checkbox"/> n. PLASTIC BOTTLE | <input type="checkbox"/> r. OTHER |
| <input type="checkbox"/> c. TANK INSIDE BUILDING | <input type="checkbox"/> g. CARBOY | <input type="checkbox"/> k. BOX | <input type="checkbox"/> o. TOTE BIN | |
| <input type="checkbox"/> d. STEEL DRUM | <input type="checkbox"/> h. SLO | <input checked="" type="checkbox"/> l. CYLINDER | <input type="checkbox"/> p. TANK WAGON | |

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

Inventory / CCP Tracking Report

Printed By: BEVIE
Printed Date: 6/17/2010

Facility:	FA0021681	PIAZZA TRUCKING INC	Phone: 323-357-1999
City Code:	SGAT	9001 RAYO AVE	SOUTH GATE 90280
Owner:	OW0021681	CareOf: BOB PIAZZA	Work Phone: 323-357-1999
	BASIL PIAZZA	DBA: PIAZZA TRUCKING INC	Home Phone: Not Specified
	9001 RAYO AVE		
	SOUTH GATE	CA 90280	

Cert Mail:

Dunn/Brad:

SIC: 7538 7538 - General automotive repair shops

Program Element: 3001 HM HANDLER, FEE GROUP 01
01

District: SOUTHEAST

Station: 054

Inventory Tracking Milestones

Date Completed

To Do Next

Inventory

* Current Status

Report Year	2010	6/17/2010
Package Sent Date	11/16/2009	
Package Received Date	12/17/2009	
Correction Notice Sent Date		
Correction Received Date		
Completed Date	06/17/2010	
Note	WILLIAM HAZZA, OWNER OPERATOR, 12/16/09	

*Forward to District
Office*

CCP Tracking Milestones

CCP

* Current Status

Report Year	2008
Package Received Date	12/17/2009
Correction Notice Sent Date	
Correction Received Date	
Site Map Filing Date	
Completed Date	06/17/2010

Cal-ARP section --

RS : **No**



LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040



BUSINESS PLAN ANNUAL RENEWAL CERTIFICATION

Hazardous Materials Inventory Statement (HMIS)

I certify that the attached HMIS reflects the handling of hazardous materials for the reporting year in accordance with the following conditions: (Please check all that apply).

- ☐ **Delete:** Write "delete" on the HMIS next to any previously disclosed hazardous materials that are no longer used.
- ☐ **Revise:** Write the correct amounts, locations, or container type on the HMIS to reflect the accuracy of any previously reported hazardous materials.
- ☐ **EPCRA Compliance:** Fill in the EPCRA field with your signature on the HMIS for any hazardous material type and quantity identified on 40 CFR Part 355, Appendix A—The List of Extremely Hazardous Substances and Their Threshold Planning Quantities.
- ☐ **Add:** Complete one **Hazardous Materials Inventory—Chemical Description Form** to add each hazardous materials that you have not previously disclosed. Submit one form per chemical.
- ☒ **No Change:** **Hazardous Materials Inventory Statement (HMIS)** is accurate and complete.

Consolidated Contingency Plan (CCP)

An initial submittal of the CCP is required when you start handling hazardous materials. At least once every 3 years after the initial submittal, the CCP needs to be reviewed and certified that the file with your agency is accurate and current in accordance with the following conditions:

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- ☒ **No Change:** There have not been any significant changes in the facility's personnel and operations that require a revision to the current CCP.

Cal-ARP Program

I reviewed the threshold quantities in Section 2770.5 of Title 19 of the California Code of Regulations and certify that any regulated substance on the attached HMIS accords with the following registration requirement:

- ☐ **Add:** Complete the **Cal-ARP Program Regulated Substance Registration** form only if the regulated substance is at or above the threshold quantity (TQ). Submit one form per chemical.
- ☒ **No Change:** The previously submitted registration for regulated substance(s) is accurate.

ANNUAL CERTIFICATION

I certify that the information submitted herein is complete and accurate. Also, no hazardous materials subject to the inventory requirements of Chapter 6.95 of the Health and Safety Code are being handled that are not listed on the most recently submitted annual inventory form.

Jim Ellison
Print Name of Document Preparer

William Barza
Print Name of Owner/Operator

[Signature]
Signature of Owner/Operator

PIAZZA TRUCKING
Business Name

9001 RAYO AVE
Site Address

12-16-09
Date

054

PIAZZA TRUCKING INC

9001 RAYO AVE

Submit this packet to the above address before January 4, 2010 to avoid a late submittal penalty of \$285 or other enforcement options. Certified Mail advised. Do not submit any fees with this packet. Obtain unified program forms from our website at <http://www.fire.lacounty.gov/HealthHazMat/HHMDForms.asp> or from our Data Operations Unit at (323) 890-4000.

Date: 11/6/2009

Hazardous Materials Inventory Statement

Report #5316

Run By:

Business Name: **PIAZZA TRUCKING INC**
(Same as Facility Name or DBA) 9001 RAYO AVE

SOUTH GATE

Page 1 of 2

Chemical Location: Unit # 1
(Building/Storage Area) **SHOP**

Facility ID #: **FA0021681**

1.	2.	3.	4.	5.	6.	7.	8.	9.
Haz. Class	Gas Cartridge	Common Name	Hazardous Components (For mixture only)	Type and Physical State	Quantities	Units	Storage Codes	Hazard Categories
			Chemical Name % Weight HHS CAS #		Max. Daily Average Daily Largest Cont.		Storage Pressure Storage Temp.	
		WASTE COOLANT	ENGINE OIL	W	55 27 55.00	A	A A	fire
Sub - Location		MAINTENANCE SHOP		M: Mix P: Pure W: Waste	Curies: (If radioactive)	Days On Site	Storage Container*	reactive
If EPCRA, sign:				L		365	D	pressure rels
HHS ID#	RS: N	CAS #		L: Liquid S: Solid G: Gas			Waste Code: 134	acute health
							Amt: 110.0	chronic
								radioactive
		WASTE OIL	WASTE OIL	W	240 120 120.00	A	A A	fire
Sub - Location		MAINTENANCE SHOP		M: Mix P: Pure W: Waste	Curies: (If radioactive)	Days On Site	Storage Container*	reactive
If EPCRA, sign:				L		365	A	pressure rels
HHS ID#	RS: N	CAS #		L: Liquid S: Solid G: Gas			Waste Code: 221	acute health
							Amt: 480.0	chronic heal
								radioactive
		OXYGEN		P	249 125 249.00	B	B A	fire
Sub - Location		MAINTENANCE SHOP		M: Mix P: Pure W: Waste	Curies: (If radioactive)	Days On Site	Storage Container*	reactive
If EPCRA, sign:				G		365	L	pressure rels
HHS ID#	RS: N	CAS # 7782-44-7		L: Liquid S: Solid G: Gas			Waste Code:	acute health
							Amt:	chronic heal
								radioactive
		OIL 15W-40 MOTOR OIL		P	400 400 220.00	A	A A	fire
Sub - Location		MECHANICS SHOP		M: Mix P: Pure W: Waste	Curies: (If radioactive)	Days On Site	Storage Container*	reactive
If EPCRA, sign:				L		365	C	pressure
HHS ID#	RS: N	CAS #		L: Liquid S: Solid G: Gas			Waste Code:	acute health
							Amt:	chronic heal
								radioactive
		F4 WELDING GAS		P	35 25 381.00	B	B A	fire
Sub - Location		ON SITE		M: Mix P: Pure W: Waste	Curies: (If radioactive)	Days On Site	Storage Container*	reactive
If EPCRA, sign:				G		365	L	pressure rels
HHS ID#	RS: N	CAS # 74-86-2		L: Liquid S: Solid G: Gas			Waste Code:	acute health
							Amt:	chronic heal
								radioactive

* Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type
A	Aboveground Tank	D	Steel Drum	G	Carboy	J	Bag	M	Glass Bottle or Jug	P	Tank Wagon
B	Belowground Tank	E	Plastic/Non-metallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug	Q	RailCar
C	Tank Inside Building	F	Can	I	Fiber Drum	L	Cylinder	O	Tote Bin	R	Other

Report # 5316S Rev. 090310

Date: 11/6/2009

Hazardous Materials Inventory Statement

Report #5316

Run By:

Business Name: **PIAZZA TRUCKING INC**
(Same as Facility Name or DBA) 9001 RAYO AVE

SOUTH GATE

Page 2 of 2

Chemical Location: Unit # 1
(Building/Storage Area) **SHOP**Facility ID#: **FA0021681**

1.	2.	3.	4.	5.	6.	7.	8.	9.
Haz. Class	Grid Coordinate	Common Name	Hazardous Components (Not mixture only)	Type and Physical State	Quantities	Units	Storage Codes	Hazard Categories
			Chemical Name % Weight EHS CAS #		Max. Daily Average Daily Largest Cont.		Storage Pressure Storage Temp.	
F4		ARGON		P	35 25 381.00	B	B A	Y fire
Sub-Location	ON SITE			M: Mix P: Pure W: Waste	Curies (If radioactive)	Days On Site	Storage Container	Y pressure rels
If EPCRA, sign:			<i>Components Not Necessary for Pure Chemical</i>	G		365	L	acute health chronic
USE 132049	RS, N	CAS# 7440-37-1		L: Liquid S: Solid G: Gas				radioactive
							Waste Code: Amt:	

* Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type
A	Aboveground Tank	D	Steel Drum	G	Carboy	J	Bag	M	Glass Bottle or Jug	P	Tank Wagon
B	Belowground Tank	E	Plastic/Non-metallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug	Q	Rail Car
C	Tank Inside Building	F	Can	I	Fiber Drum	L	Cylinder	O	Tote Bin	R	Other

Inventory / CCP Tracking Report

Printed By Data Ops
Printed Date: 2/20/2009

Facility : **FA0021681** **PIAZZA TRUCKING INC** Phone: 323-357-1999
9001 RAYO AVE SOUTH GATE **90280**

Owner : OW0021681 CareOf: BOB PIAZZA Work Phone: 323-357-1999
BASIL PIAZZA DBA: PIAZZA TRUCKING INC Home Phone: Not Specified
9001 RAYO AVE
SOUTH GATE CA 90280

Cert Mail: Dunn/ Brad:

SIC: 7538 - General automotive repair shops

Program Element: 3001 HM HANDLER, FEE GROUP 01
01

Previous Record: TBA

District: SOUTHEAST Station: 054

Inventory Tracking Milestones

Date Completed

To Do Next

Inventory

* Current Status

B

Report Year 2008
Package Sent Date 12/5/2008
Package Received Date 12/4/2008
Correction Notice Sent Date
Correction Received Date
Note BASIL PIAZZA, VP, 11/27/07

To Be Reviewed

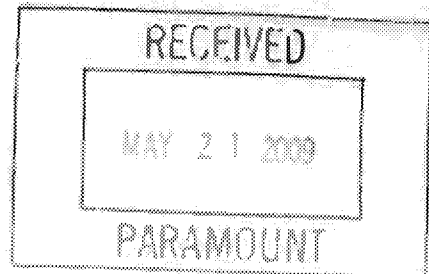
CCP Tracking Milestones

CCP

* Current Status

H

Report Year 2008
Package Received Date 12/3/2007
Correction Notice Sent Date
Correction Received Date

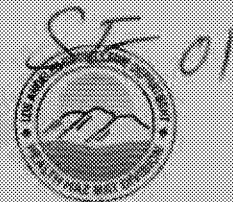


Cal-ARP section --

RS : No



LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040



BUSINESS PLAN ANNUAL RENEWAL CERTIFICATION

Hazardous Materials Inventory Statement (HMIS)

I certify that the attached HMIS reflects the handling of hazardous materials for the reporting year in accordance with the following conditions: (Please check all that apply).

- ☐ **Delete:** Write "delete" on the HMIS next to any previously disclosed hazardous materials that are no longer used.
- ☐ **Revise:** Write the correct amounts, locations, or container type on the HMIS to reflect the accuracy of any previously reported hazardous materials.
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Consolidated Contingency Plan (CCP)

An initial submittal of the CCP is required when you start handling hazardous materials. At least once every 3 years after the initial submittal, the CCP needs to be reviewed and certified that the file with your agency is accurate and current in accordance with the following conditions:

- ☐ **If the Owner/Operator page indicates "CCP Certification required"** complete and submit a new CCP.
- ☐ **Modification:** Significant changes in facility personnel or operations required a revision of the CCP. Complete and submit changes of your CCP with this form. Indicate changes by crossing out old information, and writing in the correct information.
- ☐ **Lost:** Complete and submit any parts of your CCP that were lost or damaged.
- ☒ **No Change:** There have not been any significant changes in the facility's personnel and operations that require a revision to the current CCP. *verified w/ PIAZZA*

Received 12-18-08
DEC 04 2008

Cal-ARP Program

I reviewed the threshold quantities in Section 2770.5 of Title 19 of the California Code of Regulations and certify that any regulated substance on the attached HMIS accords with the following registration requirement:

- ☐ **Add:** Complete the **Cal-ARP Program Regulated Substance Registration** form only if the regulated substance is at or above the threshold quantity (TQ). Submit one form per chemical.
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ANNUAL CERTIFICATION

I certify that the information submitted herein is complete and accurate. Also, no hazardous materials subject to the inventory requirements of Chapter 6.95 of the Health and Safety Code are being handled that are not listed on the most recently submitted annual inventory form.

Bob Piazza
Print Name of Document Preparer
PIAZZA TRUCKING
Business Name

Bob Piazza
Print Name of Owner/Operator
9001 RAYO AVE S. GATE CA
Site Address

[Signature]
Signature of Owner/Operator
11-25-08
Date

FA0071651

PIAZZA TRUCKING INC

9001 RAYO AVE

054

Submit this packet to the above address before January 3, 2009 to avoid a late submittal penalty of \$285 or other enforcement options. Certified Mail advised. Do not submit any fees with this packet. Obtain unified program forms from our website at <http://www.fire.lacounty.gov/HealthHazMat/HHMDForms.asp> or from our Data Operations Unit at (323) 890-4000.

Hazardous Materials Inventory Statement

Report #5316

Run By:

Date: 11/18/2008

Business Name: **PIAZZA TRUCKING INC**
 (Same as Facility Name or DBA) 9001 RAYO AVE

SOUTH GATE

Page 1 of 2

Chemical Location: (Building/Storage Area)		Unit #	Facility ID# : FA0021681												
SHOP															
1.	2.	3.	4. Hazardous Components (If mixture only)				5.	6. Quantities			7. Storage Codes			9.	
Haz. Class	Grid Coordinate	Common Name	Trade Secret	Chemical Name	% Weight	EHS	CAS #	Type and Physical State	Max Daily	Average Daily	Largest Cont.	Units	Storage Pressure	Storage Temp.	Hazard Categories
		WASTE COOLANT		COOLANT GYLCEL	50.0		107-21-1	W	55	27	55.00	A	A	A	fire reactive
Sub-Location	MAINTENANCE SHOP							M: Mix P: Pure W: Waste	Curies (If radioactive)	Days On Site	Storage Container*				
IF EPCRA, sign:								L							
10/24/2007	RS: N	CAS#						L: Liquid S: Solid G: Gas		365	D				Y
												Waste Code: 134	Amt: 110.0		radioactive
		WASTE OIL		WASTE OIL	95.0			W	240	120	120.00	A	A	A	fire reactive
Sub-Location	MAINTENANCE SHOP							M: Mix P: Pure W: Waste	Curies (If radioactive)	Days On Site	Storage Container*				
IF EPCRA, sign:								L							
10/24/2007	RS: N	CAS#						L: Liquid S: Solid G: Gas		365	A				Y
												Waste Code: 221	Amt: 480.0		radioactive
		OXYGEN						P	249	125	249.00	B	B	A	fire reactive
Sub-Location	MAINTENANCE SHOP							M: Mix P: Pure W: Waste	Curies (If radioactive)	Days On Site	Storage Container*				
IF EPCRA, sign:								G							
10/24/2007	RS: N	CAS# 7782-44-7						L: Liquid S: Solid G: Gas		365	L				Y
												Waste Code:	Amt:		radioactive
		OIL 15W-40 MOTOR OIL						P	400	400	220.00	A	A	A	fire reactive
Sub-Location	MECHANICS SHOP							M: Mix P: Pure W: Waste	Curies (If radioactive)	Days On Site	Storage Container*				
IF EPCRA, sign:								L							
10/24/2007	RS: N	CAS#						L: Liquid S: Solid G: Gas		365	C				Y
												Waste Code:	Amt:		radioactive
		F4 WELDING GAS						P	35	25	381.00	B	B	A	fire reactive
Sub-Location	ON SITE							M: Mix P: Pure W: Waste	Curies (If radioactive)	Days On Site	Storage Container*				
IF EPCRA, sign:								G							
10/21/2008	RS: N	CAS# 74-86-2						L: Liquid S: Solid G: Gas		365	L				Y
												Waste Code:	Amt:		radioactive

* Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type
A	Aboveground Tank	D	Steel Drum	G	Carboy	J	Bag	M	Glass Bottle or Jug	P	Tank Wagon
B	Belowground Tank	E	Plastic/Non-metallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug	Q	Rail Car
C	Tank Inside Building	F	Can	I	Fiber Drum	L	Cylinder	O	Tote Bin	R	Other

Hazardous Materials Inventory Statement

Date: 11/18/2008

Report #5316

Run By:

Business Name: PIAZZA TRUCKING INC
(Same as Facility Name or DBA) 9001 RAYO AVE

SOUTHGATE

Page 2 of 2

Chemical Location:
(Building/Storage Area)

Unit # 1
SHOP

Facility ID #:

FA0021681

1.	2.	3.	4.				5.	6.			7.	8.		9.			
Haz. Class	Chem. Coordinate	Customer Name	Trade Secret	Hazardous Components (For mixture only)		Chemical Name	% Weight	EHS	CAS #	Type and Physical State	Max. Daily	Average Daily	Largest Cont.	Units	Storage Pressure	Storage Temp.	Hazard Categories
P4		ARGON								P	35	25	381.00	B	B	A	Y fire reactive
Sub - Location:	ON SITE	Components Not Necessary for Pure Chemical								NF: Max. P: Pure. Wt: Waste	Curies (If radioactive)	Days On Site	Storage Container*	A: Ambient B: 0° to 10°C C: 10° to 20°C D: 20° to 30°C E: 30° to 40°C F: 40° to 50°C G: 50° to 60°C H: 60° to 70°C I: 70° to 80°C J: 80° to 90°C K: 90° to 100°C L: Cryogenic	A: Ambient B: 10° to 20°C C: 20° to 30°C D: 30° to 40°C E: 40° to 50°C F: 50° to 60°C G: 60° to 70°C H: 70° to 80°C I: 80° to 90°C J: 90° to 100°C K: 100° to 110°C L: Cryogenic	Y pressure reils. acute health chronic heal radioactive	
CRA, sign:										G							
HS# 9004	RS N	CAS # 7440-37-1								L: Liquid S: Solid G: Gas		365	L	Waste Code:	Amt.		

*Components Not Necessary
for Pure Chemical*

REG-1000 RS N CAS # 7440-37-1

Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type
A	Aboveground Tank	D	Steel Drum	G	Carboy	J	Bag	M	Glass Bottle or Jug	P	Tank Wagon
B	Belowground Tank	E	Plastic/Non-metallic Drum	H	Silo	K	Box	N	Plastic Bottle or Jug	Q	Rail Car
C	Tank Inside Building	F	Can	I	Fiber Drum	L	Cylinder	O	Tote Bin	R	Other

Inventory / CCP Tracking Report

Printed By: Data Ops/CNGUY
Printed Date: 1/16/2008

Facility: **FA0021681** **PIAZZA TRUCKING INC** Phone: 323-357-1999
City Code: **SGAT** 9001 RAYO AVE SOUTH GATE **90280**
Owner: OW0021681 CareOf: BOB PIAZZA Work Phone: 323-357-1999
BASIL PIAZZA DBA: PIAZZA TRUCKING INC Home Phone: Not Specified
9001 RAYO AVE
SOUTH GATE CA 90280

Cert Mail:

Dunn / Brad:

SIC: 7538 General automotive repair shops

Program Element: 3001 HM HANDLER, FEE GROUP 01
01

District: SOUTHEAST

Station: 054

Inventory Tracking Milestones

Date Completed

To Do Next

Inventory

* Current Status

I

Report Year 2008 1/16/2008
Package Sent Date 11/13/2007
Package Received Date 12/03/2007
Correction Notice Sent Date
Correction Received Date
Completed Date 01/16/2008

Note BASIL PIAZZA, VP, 11/27/07

*Forward to District
Office*

CCP Tracking Milestones

CCP

* Current Status

H

Report Year 2008
Package Received Date 12/03/2007
Correction Notice Sent Date
Correction Received Date
Site Map Filing Date
Completed Date 01/16/2008

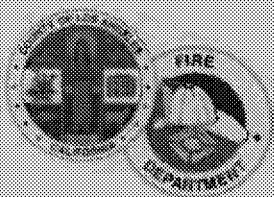
Cal-ARP section --

RS: No

RECEIVED

JUN 9 2008

PARAMOUNT



LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040



SE

BUSINESS PLAN ANNUAL RENEWAL CERTIFICATION

Hazardous Materials Inventory Statement (HMIS)

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- ☒ **Add:** Complete one **Hazardous Materials Inventory—Chemical Description Form** to add each hazardous materials that you have not previously disclosed. Submit one form per chemical.
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Consolidated Contingency Plan (CCP)

I review the CCP every three years and certify that the CCP on file with your agency is accurate and current in accordance with the following conditions:

- ☐ **Modification:** Significant changes in facility personnel or operations required a revision of the CCP. Complete and submit changes of your CCP with this form.
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- ☒ **No Change:** There have not been any significant changes in the facility's personnel and operations that require a revision to the current CCP.

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- ☐ **Add:** Complete the **Cal-ARP Program Regulated Substance Registration** form only if the regulated substance is at or above the threshold quantity (TQ). Submit one form per chemical.
- ☒ **No Change:** The previously submitted registration for regulated substance(s) is accurate.

ANNUAL CERTIFICATION

I certify that the information submitted herein is complete and accurate. Also, no hazardous materials subject to the inventory requirements of Chapter 6.95 of the Health and Safety Code are being handled that are not listed on the most recently submitted annual inventory form.

<u>Bob Piazza</u> Print Name of Document Preparer	<u>BASIL PIAZZA</u> Print Name of Owner/Operator	<u>Basil Piazza</u> Signature of Owner/Operator
<u>PIAZZA TRUCKING INC</u> Business Name	<u>9001 RAYO AVE South Gate</u> Site Address	<u>11/27/07</u> Date

HA0021681

054

PIAZZA TRUCKING INC
9001 RAYO AVE
SOUTH GATE, CA 90280
ATTN: BOB PIAZZA

Submit this packet to the above address before December 31, 2007 to avoid a late submittal penalty of \$285 or other enforcement options. You should use certified mail. Obtain unified program forms from our website at <http://www.fire.lacounty.gov/HealthHazMat/HHMDForms.asp> or from our Data Operations Unit at (323) 890-4000.



COPY

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (FORM 2731)

(One page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 2007 200 Page 1 of 2

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) PIAZZA TRUCKING INC.

CHEMICAL LOCATION 9001 RAYD AVE 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 2 1 6 8 1 203 MAP# (optional) 705 204 GRID# (optional) F-4

II. CHEMICAL INFORMATION

CHEMICAL NAME ARGON 205 TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME ARGON 207 EHS* ☐ Yes ☒ No 208

CAS# 7440-37-1 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211 RADIOACTIVE ☐ Yes ☒ No 212 CURIES N/A 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS 214 LARGEST CONTAINER 381 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 25 217 MAXIMUM DAILY AMOUNT 35 218 ANNUAL WASTE AMOUNT N/A 219 STATE WASTE CODE N/A 220

UNITS* (Check one item only) ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221 DAYS ON SITE 365 222
* If EHS, amount must be in pounds.

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> a. ABOVEGROUND TANK | <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> i. FIBER DRUM | <input type="checkbox"/> m. GLASS BOTTLE | <input type="checkbox"/> q. RAIL CAR |
| <input type="checkbox"/> b. UNDERGROUND TANK | <input type="checkbox"/> f. CAN | <input type="checkbox"/> j. BAG | <input type="checkbox"/> n. PLASTIC BOTTLE | <input type="checkbox"/> r. OTHER |
| <input type="checkbox"/> c. TANK INSIDE BUILDING | <input type="checkbox"/> g. CARBOY | <input type="checkbox"/> k. BOX | <input type="checkbox"/> o. TOTE BIN | |
| <input type="checkbox"/> d. STEEL DRUM | <input type="checkbox"/> h. SILO | <input checked="" type="checkbox"/> l. CYLINDER | <input type="checkbox"/> p. TANK WAGON | |

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	<input type="checkbox"/> Yes <input type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

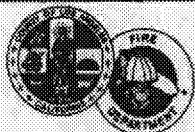
ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA
					PA

COPY



UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (FORM 2731)

(One page per material per building or area)

☒ ADD ☐ DELETE ☒ REVISE REPORTING YEAR 2007 Page 2 of 2

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) PIAZZA TRUCKING INC.

CHEMICAL LOCATION 9001 RAYO AVE CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO

FACILITY ID # F A 0 0 2 1 6 8 1 MAP# (optional) 705 GRID# (optional) F-4

II. CHEMICAL INFORMATION

CHEMICAL NAME ACETYLENE TRADE SECRET ☐ Yes ☒ No
If Subject to EPCRA, refer to instructions

COMMON NAME WELDING GAS EHS* ☐ Yes ☒ No

CAS# 514-86-2 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE RADIOACTIVE ☐ Yes ☒ No CURIES N/A

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS LARGEST CONTAINER 381

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 25 MAXIMUM DAILY AMOUNT 35 ANNUAL WASTE AMOUNT N/A STATE WASTE CODE N/A

UNITS* (Check one item only) ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS DAYS ON SITE 365
* If EHS, amount must be in pounds.

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

- | | | | | |
|--|--|---|--|--------------------------------------|
| <input type="checkbox"/> a. ABOVEGROUND TANK | <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> i. FIBER DRUM | <input type="checkbox"/> m. GLASS BOTTLE | <input type="checkbox"/> q. RAIL CAR |
| <input type="checkbox"/> b. UNDERGROUND TANK | <input type="checkbox"/> f. CAN | <input type="checkbox"/> j. BAG | <input type="checkbox"/> n. PLASTIC BOTTLE | <input type="checkbox"/> r. OTHER |
| <input type="checkbox"/> c. TANK INSIDE BUILDING | <input type="checkbox"/> g. CARBOY | <input type="checkbox"/> k. BOX | <input type="checkbox"/> o. TOTE BIN | |
| <input type="checkbox"/> d. STEEL DRUM | <input type="checkbox"/> h. SILO | <input checked="" type="checkbox"/> l. CYLINDER | <input type="checkbox"/> p. TANK WAGON | |

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical)

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY	
DIV	BN	STA	OTHER	DISTRICT	CUPA

Inventory / CCP Tracking Report

Printed By: DTU/FAGU
Printed Date: 7/12/2007

Facility:	FA0021681	PIAZZA TRUCKING INC	Phone:	323-357-1999
City Code:	SGAT	9001 RAYO AVE	SOUTH GATE	90280
Owner:	OW0021681	CareOf: BOB PIAZZA	Work Phone:	323-357-1999
	BASIL PIAZZA	DBA: PIAZZA TRUCKING INC	Home Phone:	Not Specified
	9001 RAYO AVE			
	SOUTH GATE	CA 90280		

Cert Mail:

Dunn / Brad:

SIC: 7538 General automotive repair shops

Program Element: 3001 HM HANDLER, FEE GROUP 01
01

Previous Record: TBA

District: SOUTHEAST

Station: 054

Inventory Tracking Milestones

Date Completed

To Do Next

Inventory

* Current Status

Report Year	2005	1/11/2007
Package Sent Date		
Package Received Date		1/24/2007
Correction Notice Sent Date		
Correction Received Date		
Note	BOB PIAZZA, VP. 12/14/06	

To Be Reviewed

CCP Tracking Milestones

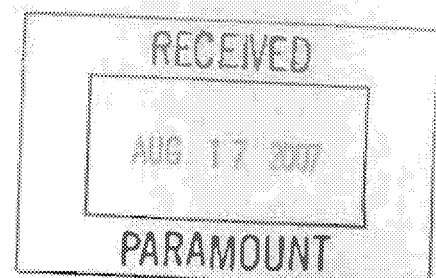
CCP

* Current Status

Report Year	2002
Package Received Date	10/16/2002
Correction Notice Sent Date	
Correction Received Date	
Site Map Filing Date	

Cal-ARP section --

RS: No



A. Package Sent B. Package Received D. Correction Notice Sent E. Correction Received
F. Identified with Chemical Change H. Accepted w/o Change I. Chemical Information Updated R. Undeliverable Mail

Last Touched Date: 1/31/2007 By: CSORIA
Report #5307_RS V122706

Date: 10/02/2007

Run By: CY

FA0021681

PIAZZA TRUCKING INC

9001 RAYO AVE

SOUTH GATE

90280

Facilities Chemical Inventory Report

Current Update On: 12/12/2005

Last Update On: 01/11/2007

Report # 5304

V.021304

EE0000135

PE: (Current) 3001

PE: (Calculated) 3002

Fee Group Assignment
Before Adjustment

3001 Gas in Cubic Feet: 249

3002 Liquid in Gallon: 695

0 Solid in Pound: 0

A: Gallon B: Cubic Feet C: Pound

L: Liquid S: Solid G: Gas

M: Mix P: Pure

Year

Beginning: 1/1/2003 Ending: 12/31/2003

Unit Name & No.	CAS #	Common Name	Max AMT	Unit of Meas	Physical State	Type	Comp CAS #	Components	Update
SHOP 1		OIL 15W-40 MOTOR OIL	400	A	L	P	✓ (2261)		
SHOP 1		WASTE COOLANT	55	A	L	W	107-21-1	ETHYLENE GLYCOL ✓	
SHOP 1		WASTE OIL	240	A	L	W	✓	WASTE OIL	
SHOP 1	7782-44-7	OXYGEN	249	B	G	P	✓		

Argon

Acetylene

→

NOV

→

NOV

} → 200 ft²

Inventor, / CCP Tracking Report

Printed By Data Ops
Printed Date 01/23/06

Facility :	FA0021681	PIAZZA TRUCKING INC	Phone : 323-357-1999
	City Code: SGAT	9001 RAYO AVE	SOUTH GATE 90280
Owner :	OW0021681	CareOf: BOB PIAZZA	Work Phone : 323-357-1999
	BASIL PIAZZA	DBA: PIAZZA TRUCKING INC	Home Phone : Not Specified
	9001 RAYO AVE		
	SOUTH GATE	CA 90280	

Cert Mail :

Dunn / Brad :

SIC : 7538 General automotive repair shops

Program Element : 3001 HM HANDLER, FEE GROUP 01
01

Previous Record : 724

District : SOUTHEAST

Station : 054

Inventory Tracking Milestones

Date Completed

To Do Next

Inventory

* Current Status

Report Year	2005	12/12/05
Package Sent Date	12/01/2005	
Package Received Date	12/12/2005	
Correction Notice Sent Date		
Correction Received Date		
Note	BOB PIAZZA, VP, 12/08/05	

*Forward to District
Office*

CCP Tracking Milestones

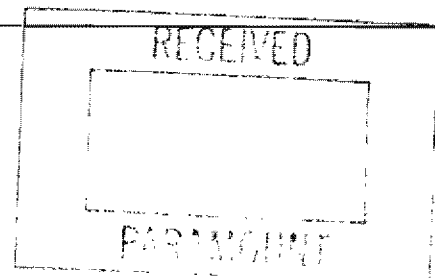
CCP

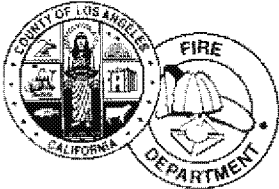
* Current Status

Report Year	2002
Package Received Date	10/16/02
Correction Notice Sent Date	
Correction Received Date	
Site Map Filing Date	

Cal-ARP section --

RS : No





**LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040**

HAZARDOUS MATERIALS STATE REPORTING PACKET

Enclosed is your latest Hazardous Materials Inventory Statement. Please carefully review it for accuracy. The requirements for submitting a Consolidated Contingency Plan have changed (see page *1). If you require assistance contact the Data Operations Unit at (323) 890-4000, Monday through Friday, 9:00 A.M. to 4:00 P.M. For additional forms refer to our web site at www.lacofd.org/hhazmat.htm

The Department recommends use of CERTIFIED MAIL to ensure delivery of these forms before the December 31st deadline to avoid late fees. Sign and date the Annual Certification section below and keep a copy of the entire package for your records.

RE-CERTIFICATION PROCEDURE

Please check the appropriate box(es).

- ☐ **Delete:** If you no longer handle the materials listed on the Inventory Statement provided *Write Delete* across the discontinued material.
- ☐ **Add:** If you are handling materials not previously disclosed *Make copies of the Chemical Description Form and complete all information required* (one form per chemical).
- ☐ **Revise/Update:** Cross out any errors on the Inventory Statement and *Clearly Print* the correct information.
- ☒ **No Change:** There has been no change in the quantity of any hazardous material as reported.
- ☐ **Change:** Mark this Box if you are updating the Consolidated Contingency Plan.
- ☐ **No Change:** Mark this Box if the Consolidated Contingency Plan on file is correct and complete.
- ☐ **Regulated Substance Registration:** If you are handling a Regulated Substance not previously disclosed, you must also *complete* the Registration Substance Registration form. Complete only if substance is at or above threshold Quantity (TQ). A list of Regulated Substances is attached for reference.

THE SUBMITTAL OF THE HAZARDOUS MATERIALS STATE REPORTING FORMS CONTAIN ALL OF THE REQUIRED STATE AND FEDERAL INVENTORY INFORMATION AND SATISFIES THE REQUIREMENTS OF BOTH STATE AND FEDERAL REGULATIONS.

ANNUAL CERTIFICATION

I certify under penalty of law that I have personally examined the information submitted herein is complete, accurate and up to date. Also, no hazardous materials subject to the inventory requirements of this chapter, (California Health & Safety Code Chapter 6.95) are being handled that are not listed on the most recently submitted annual inventory form.

Juan E. Wilson
Print Name of Document Preparer

PIAZZA TRUCKING INC
Print Name of Owner/Operator

[Signature]
Signature of Owner/Operator

9001 Rayo Avenue
South Gate, CA 90260
Facility Address

12/8
Date

Inventory / CCP Tracking Report

Printed By : CNGO
Printed Date : 01/11/07

Facility :	FA0021681	PIAZZA TRUCKING INC	Phone :	323-357-1999
City Code :	SGAT	9001 RAYO AVE	SOUTH GATE	90280
Owner :	OW0021681	CareOf: BOB PIAZZA	Work Phone :	323-357-1999
	BASIL PIAZZA	DBA: PIAZZA TRUCKING INC	Home Phone :	Not Specified
	9001 RAYO AVE			
	SOUTH GATE	CA 90280		

Cert Mail :

Dunn / Brad :

SIC : 7538 General automotive repair shops

Program Element : 3001 HM HANDLER, FEE GROUP 01
01

Previous Record : TBA

District : SOUTHEAST

Station : 054

Inventory Tracking Milestones

Date Completed

To Do Next

Inventory

* Current Status

Report Year 2005 01/11/07

Package Sent Date

Package Received Date 12/18/06

Correction Notice Sent Date

Correction Received Date

Note BOB PIAZZA, VP, 12/14/06

Forward to District Office

CCP Tracking Milestones

CCP

* Current Status

Report Year 2002

Package Received Date 10/16/2002

Correction Notice Sent Date

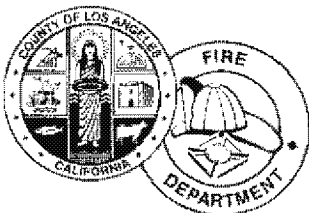
Correction Received Date

Site Map Filing Date

Cal-ARP section --

RS : No

SE



**LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040**

HAZARDOUS MATERIALS STATE REPORTING PACKET

Enclosed is your latest Hazardous Materials Inventory Statement. Please carefully review it for accuracy. The requirements for submitting a Consolidated Contingency Plan have changed (**see Page 1**). If you require assistance in processing these forms, please contact the Data Operations Unit at (323) 890-4000, Monday through Friday, 9:00 A.M. to 4:00 P.M., or the web site: <http://www.lacofd.org/HealthHazMat/HHMDForms.asp>

The Department recommends use of CERTIFIED MAIL to ensure delivery of these forms before the December 31st deadline to avoid late fees. Sign and date the Annual Certification section below and keep a copy of the entire package for your records.

RE-CERTIFICATION PROCEDURE

Please check the appropriate box(es).

- ☐ **Delete:** Write "delete" next to any discontinued hazardous materials on the attached Inventory Statement.
- ☐ **Add:** If you are handling materials not previously disclosed ***Make copies of the Chemical Description Form and complete all information required*** (one form per chemical).
- ☐ **Revise/Update:** Cross out any errors on the Inventory Statement and ***Clearly Print*** the correct information.
- ☒ **No Change:** There has been no change in the quantity of any hazardous material as reported.
- ☐ **Consolidated Contingency Plan:** The web link above connects to the UP Forms; Click the Consolidated Contingency Plan.
- ☐ **No Change:** Mark this Box if the Consolidated Contingency Plan on file is correct and complete.
- ☐ **Regulated Substance Registration:** If you are handling a Regulated Substance not previously disclosed, you must also complete the Registration Substance Registration form. Complete only if substance is at or above the Threshold Quantity (TQ). Refer to the list of regulated substances and the respective TQ.

THE SUBMITTAL OF THE HAZARDOUS MATERIALS STATE REPORTING FORMS CONTAINS ALL OF THE REQUIRED STATE AND FEDERAL INVENTORY INFORMATION AND SATISFIES THE REQUIREMENTS OF BOTH STATE AND FEDERAL REGULATIONS.

ANNUAL CERTIFICATION

I certify under penalty of law that I have personally examined the information submitted herein is complete, accurate and up to date. Also, no hazardous materials subject to the inventory requirements of Chapter 6.95 of the Health and Safety Code are being handled that are not listed on the most recently submitted annual inventory form.

Print Name of Document Preparer

Print Name of Owner/Operator

Signature of Owner/Operator

054

Facility/Site Address

Date

12/14/06

Run By :

Page 1 of 1

Facility ID #: FA0021681

Components Not Necessary for Pure Chemical

Report # S306 Rev. 102405

Inventory / CCP Tracking Report

Out PHI

Printed By : Data Ops
Printed Date : 03/17/05

Facility :	FA0021681	PIAZZA TRUCKING INC 9001 RAYO AVE	Phone : 323-357-1999 SOUTH GATE	90280
Owner :	OW0021681	CareOf: BOB PIAZZA	Work Phone : 323-357-1999	
	BASIL PIAZZA	DBA: PIAZZA TRUCKING INC	Home Phone : Not Specified	
	9001 RAYO AVE			
	SOUTH GATE	CA 90280		

Cert Mail :		Dunn/ Brad :	
SIC :	7538	General automotive repair shops	
Program Element :	3001 HM HANDLER, FEE GROUP 01		Previous Record : TBA
	01		
District :	SOUTHEAST	Station :	054

Inventory Tracking Milestones

Date Completed

To Do Next

Inventory

* Current Status

Report Year 2004
Package Sent Date 11/08/04
Package Received Date 01/11/05
Correction Notice Sent Date
Correction Received Date
Note BOB PIAZZA, VP, 1/07/05

Forward to District Office

CCP Tracking Milestones

CCP

* Current Status

Report Year 2002
Package Received Date 10/16/02
Correction Notice Sent Date
Correction Received Date

Cal-ARP section -- RS : No





**LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040**

HAZARDOUS MATERIALS STATE REPORTING PACKET

Enclosed is your latest Hazardous Materials Inventory Statement. Please carefully review it for accuracy. The requirements for submitting a Consolidated Contingency Plan have changed (see page #1). If you require assistance contact the Data Operations Unit at (323) 890-4000, Monday through Friday, 9:00 A.M. to 4:00 P.M. For additional forms refer to our web site at www.lacofd.org/hliazmat.htm

The Department recommends use of CERTIFIED MAIL to ensure delivery of these forms before the December 31st deadline to avoid late fees. Sign and date the Annual Certification section below and keep a copy of the entire package for your records.

RE-CERTIFICATION PROCEDURE

Please check the appropriate box(es).

- ☐ **Delete:** If you no longer handle the materials listed on the Inventory Statement provided *Write Delete* across the discontinued material.
- ☐ **Add:** If you are handling materials not previously disclosed *Make copies of the Chemical Description Form and complete all information required* (one form per chemical).
- ☐ **Revise/Update:** Cross out any errors on the Inventory Statement and *Clearly Print* the correct information.
- ☐ **No Change:** There has been no change in the quantity of any hazardous material as reported.
- ☐ **Change:** Mark this Box if you are updating the Consolidated Contingency Plan.
- ☒ **No Change:** Mark this Box if the Consolidated Contingency Plan on file is correct and complete.
- ☐ **Regulated Substance Registration:** If you are handling a Regulated Substance not previously disclosed, you must also *complete* the Registration Substance Registration form. Complete only if substance is at or above threshold Quantity (TQ). A list of Regulated Substances is attached for reference.

THE SUBMITTAL OF THE HAZARDOUS MATERIALS STATE REPORTING FORMS CONTAIN ALL OF THE REQUIRED STATE AND FEDERAL INVENTORY INFORMATION AND SATISFIES THE REQUIREMENTS OF BOTH STATE AND FEDERAL REGULATIONS.

ANNUAL CERTIFICATION

I certify under penalty of law that I have personally examined the information submitted herein is complete, accurate and up to date. Also, no hazardous materials subject to the inventory requirements of this chapter, (California Health & Safety Code Chapter 6.95) are being handled that are not listed on the most recently submitted annual inventory form.

Bob Piazza
Print Name of Document Preparer

BASIL PIAZZA
Print Name of Owner Operator

Basil Piazza
Signature of Owner Operator

9001 RAYO Ave. South Gate CA 90280
Facility Site Address

1-7-05
Date

Inventory / CCP Tracking Report

Printed By : Data Ops

Printed Date : 12/17/03

Facility :	FA0021681	PIAZZA TRUCKING INC	Phone : 323-357-1999
		9001 RAYO AVE	SOUTH GATE
			90280
Owner :	OW0021681	CareOf: BOB PIAZZA	Work Phone : 323-357-1999
	BASIL PIAZZA	DBA: PIAZZA TRUCKING INC	Home Phone : Not Specified
	9001 RAYO AVE		
	SOUTH GATE	CA 90280	

Cert Mail :

Dunn / Brad :

SIC: 7538 General automotive repair shops

Program Element : 3001 HM HANDLER, FEE GROUP 01
01

Previous Record : TBA

District : SOUTHEAST

Station : 054

Inventory Tracking Milestones

To Do Next

Inventory

* Current Status

Report Year	2003
Package Sent Date	10/15/03
Package Received Date	12/04/03
Correction Notice Sent Date	
Correction Received Date	
Note	BOB PIAZZA, VP, 12/01/03

**Forward to District
Office**

CCP

CCP Tracking Milestones

* Current Status

Prior Report Date	December 31, 2002
Next Report Year	2005
Package Sent Date	10/11/02
Package Received Date	10/16/02
Correction Notice Sent Date	
Correction Received Date	
Note	

Cal-ARP section --

RS : No

RECEIVED

JAN 23 2004

PARAMOUNT



**LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040**

HAZARDOUS MATERIALS STATE REPORTING PACKET

Enclosed is your latest Hazardous Materials Inventory Statement. Please carefully review it for accuracy. The requirements for submitting a Consolidated Contingency Plan have changed (see page *1). If you require assistance in processing these forms please contact the Data Operations Unit at (323) 890-4000, Monday through Friday, 9:00 A.M. to 4:00 P.M. or refer to our web site at www.lacofd.org/hhazmat.htm

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RE-CERTIFICATION PROCEDURE

Please check the appropriate box(es).

- ☐ **Delete:** If you no longer handle the materials listed on the Inventory Statement provided *Write Delete* across the discontinued material.
- ☐ **Add:** If you are handling materials not previously disclosed *Make copies of the Chemical Description Form and complete all information required* (one form per chemical).
- ☐ **Revise/Update:** Cross out any errors on the Inventory Statement and *Clearly Print* the correct information.
- ☒ **No Change:** Mark this Box if the Inventory Statement is correct and complete. **DEC - 4 2003**
- ☐ **Change:** Mark this Box if you are updating the Consolidated Contingency Plan.
- ☒ **No Change:** Mark this Box if the Consolidated Contingency Plan on file is correct and complete.
- ☐ **Regulated Substance Registration:** If you are handling a Regulated Substance not previously disclosed, you must also *complete* the Regulated Substance Registration form. Complete only if substance is at or above Threshold Quantity (TQ). A list of Regulated Substances is attached for reference.

THE SUBMITTAL OF THE HAZARDOUS MATERIALS STATE REPORTING FORMS CONTAIN ALL OF THE REQUIRED STATE AND FEDERAL INVENTORY INFORMATION AND SATISFIES THE REQUIREMENTS OF BOTH STATE AND FEDERAL REGULATIONS.

ANNUAL CERTIFICATION

I certify under penalty of law that I have personally examined the information submitted herein and believe the submitted information is true, accurate, and complete.

Bob Piazza
Print Name of Document Preparer

Bob Piazza
Print Name of Owner/Operator

[Signature]
Signature of Owner/Operator

PIAZZA TRUCKING
Business Name

9001 RAYO AVE SOUTH GATE
Facility/Site Address

12-1-03
Date

Inventory / CCP Tracking Report

Printed By : Data Ops

Printed Date : 8/21/02

Facility :	FA0021681	PIAZZA TRUCKING INC 9001 RAYO AVE	Phone : 323-357-1999
			SOUTH GATE 90280
Owner :	OW0021681	CareOf: BOB PIAZZA	Work Phone : 323-357-1999
	BASIL PIAZZA	DBA:	Home Phone : Not Specified
	9001 RAYO AVE		
	SOUTH GATE	CA 90280	

Cert Mail :

Dunn/ Brad :

SIC : 7538 General automotive repair shops

Program Element : 3001 HM HANDLER, FEE GROUP 01
01

Previous Record : TBA

District : SOUTHEAST

Station : 054

Inventory Tracking Milestones

To Do Next

Inventory

* Current Status

Report Year 2001
Package Sent Date 11/27/01
Package Received Date 07/18/02
Correction Notice Sent Date
Correction Received Date
Note JIM ELLISON, 7/15/02

**Forward to District
Office**

CCP

* Current Status

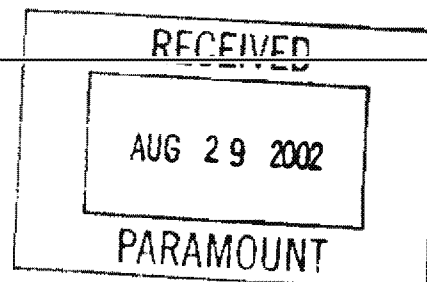
CCP Tracking Milestones

Prior Report Date January 01, 1994
Next Report Year 1997
Package Sent Date 11/27/01
Package Received Date
Correction Notice Sent Date
Correction Received Date
Note

To Be Determined

Cal-ARP section --

RS : No



TO Teta OPS.

UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY -- CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 2002 200 Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA -- Doing Business As)		201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)		202
PLAZA TRUCK LINE INC BP			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
CHEMICAL LOCATION		201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA)		202
MAINTENANCE SHOP			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
FACILITY ID #		203	MAP# (optional)		204
F A 0 0 2 1 6 8 1			GRID# (optional)		

II. CHEMICAL INFORMATION

CHEMICAL NAME	205	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206	
Ethylene Glycol		If Subject to EPCRA, refer to instructions			
COMMON NAME	207	EHS*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208	
Waste Coolant		*If EHS is "Yes", all amounts below must be in lbs.			
CAS#	209				
107211					
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)					
210					
HAZARDOUS MATERIAL TYPE (Check one item only)	211	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212	
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE		CURIES			
PHYSICAL STATE (Check one item only)	214	LARGEST CONTAINER	215		
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		55			
FED HAZARD CATEGORIES (Check all that apply)	216				
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH					
AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT	218	ANNUAL WASTE AMOUNT	219
27		55		110	STATE WASTE CODE
					220
UNITS* (Check one item only)	221			DAYS ON SITE	222
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS				365	
* If EHS, amount must be in pounds.					
STORAGE CONTAINER	223				
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTESIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON					
STORAGE PRESSURE	224				
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT					
STORAGE TEMPERATURE	225				
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC					

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 50	Ethylene Glycol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	107211
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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T. Prout

DIV BN STA 54 OTHER DISTRICT SE CUPA LACoFO PA

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIAL INVENTORY - CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

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REPORTING YEAR

2002

200

Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

DIADIA TRUCKING INC

DP

3

CHEMICAL LOCATION

MAINTENANCE SHOP

201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA)

☐ YES ☒ NO

202

FACILITY ID #

FA 0 0 2 1 6 8 1

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

Petroleum Hydrocarbon Waste

205

TRADE SECRET

☐ Yes ☒ No

206

If Subject to EPCRA, refer to instructions

COMMON NAME Waste Oil

207

EHS*

☐ Yes ☒ No

208

CAS# NA

209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

210

HAZARDOUS MATERIAL TYPE (Check one item only)

☐ a. PURE ☐ b. MIXTURE ☒ c. WASTE

211

RADIOACTIVE

☐ Yes ☒ No

212

CURIES

213

PHYSICAL STATE (Check one item only)

☐ a. SOLID ☒ b. LIQUID ☐ c. GAS

214

LARGEST CONTAINER

120

215

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

120

MAXIMUM DAILY AMOUNT

218

240

ANNUAL WASTE AMOUNT

219

480

STATE WASTE CODE

220

221

UNITS*

(Check one item only)

☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS

221

DAYS ON SITE:

365

222

STORAGE CONTAINER

☒ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER

223

STORAGE PRESSURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1

226

Waste Oil

227

☐ Yes ☒ No

228

NA

229

2

230

231

☐ Yes ☐ No

232

233

3

234

235

☐ Yes ☐ No

236

237

4

238

239

☐ Yes ☐ No

240

241

5

242

243

☐ Yes ☐ No

244

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

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REPORTING YEAR **2002**

200

Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

PIA22A TRUCK INC INC

BT

CHEMICAL LOCATION

MAINTENANCE SHOP

201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO

202

FACILITY ID #

PA 0 0 2 1 6 8 1

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

205

Oxygen

TRADE SECRET

☐ Yes ☒ No

206

If Subject to EPCRA, refer to instructions

COMMON NAME **Oxygen**

207

EHS*

☐ Yes ☒ No

208

CAS# **7782447**

209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

210

HAZARDOUS MATERIAL TYPE (Check one item only)

☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE

211

RADIOACTIVE

☐ Yes ☒ No

212

CURIES

213

PHYSICAL STATE (Check one item only)

☐ a. SOLID ☐ b. LIQUID ☒ c. GAS

214

LARGEST CONTAINER

249

215

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

125

MAXIMUM DAILY AMOUNT

218

249

ANNUAL WASTE AMOUNT

219

NA

STATE WASTE CODE

220

NA

UNITS*

(Check one item only)

☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS

* If EHS, amount must be in pounds.

221

DAYS ON SITE:

365

222

STORAGE CONTAINER

☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON

223

STORAGE PRESSURE

☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1

226

227

☐ Yes ☒ No

228

229

2

230

231

☐ Yes ☐ No

232

233

3

234

235

☐ Yes ☐ No

236

237

4

238

239

☐ Yes ☐ No

240

241

5

242

243

☐ Yes ☐ No

244

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

If EPCRA, Please Sign Here

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OTHER

DISTRICT SE

CUPA LACoFD

PA

Inventory / CCP Tracking Report

Printed By : PESTRELL
Printed Date : 11/6/02

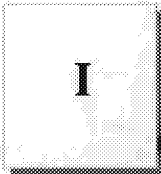
Facility :	FA0021681	PIAZZA TRUCKING INC 9001 RAYO AVE	Phone : 323-357-1999
		SOUTH GATE	90280
Owner :	OW0021681	CareOf: BOB PIAZZA	Work Phone : 323-357-1999
	BASIL PIAZZA 9001 RAYO AVE	DBA:	Home Phone : Not Specified
	SOUTH GATE	CA 90280	
Cert Mail :	Dunn/Brad :		
SIC :	7538	General automotive repair shops	
Program Element :	3001 HM HANDLER, FEE GROUP 01 01		* Previous Record Status: 1
District :	SOUTHEAST	Station :	054

Inventory Tracking Milestones

To Do Next

Inventory

* Current Status



Report Year	2002
Package Sent Date	10/11/02
Package Received Date	10/18/02
Correction Notice Sent Date	
Correction Received Date	
Note	BOB PIAZZA, VP, 07/08/02

Forward to District Office

CCP

* Current Status



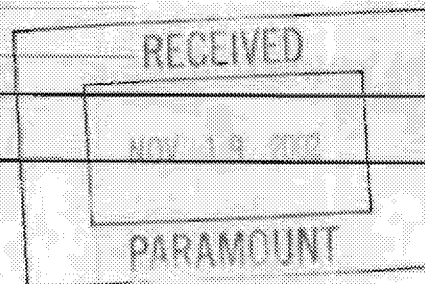
CCP Tracking Milestones

Report Date	December 31, 2002
Next Report Year	2005
Package Sent Date	10/11/02
Package Received Date	11/16/02
Correction Notice Sent Date	
Correction Received Date	
Note	

Site Map Copy to TSU

Cal-ARP section --

RS : No



UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIAL INVENTORY - CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

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REPORTING YEAR - 2002

Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

PIATRA TRUCKING INC

CHEMICAL LOCATION

MAINTENANCE SHOP

 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO

FACILITY ID #

FA 0 021681

MAP# (optional)

GRID# (optional)

II. CHEMICAL INFORMATION

CHEMICAL NAME

Petroleum Hydrocarbon Waste

 TRADE SECRET ☐ Yes ☒ No

If Subject to EPCRA, refer to instructions

COMMON NAME Waste Oil

CAS# NA

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL TYPE (Check one item only)

☐ a. PURE ☐ b. MIXTURE ☒ c. WASTE

 RADIOACTIVE ☐ Yes ☒ No

CURIES

PHYSICAL STATE (Check one item only)

☐ a. SOLID ☒ b. LIQUID ☐ c. GAS

LARGEST CONTAINER

120

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

120

MAXIMUM DAILY AMOUNT

240

ANNUAL WASTE AMOUNT

480

STATE WASTE CODE

221

UNITS* (Check one item only)

☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS

* If EHS amount must be in pounds.

DAYS ON SITE:

365

STORAGE CONTAINER

- | | | | | |
|--|--|--|--|--------------------------------------|
| <input checked="" type="checkbox"/> a. ABOVE GROUND TANK | <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM | <input type="checkbox"/> i. FIBER DRUM | <input type="checkbox"/> m. GLASS BOTTLE | <input type="checkbox"/> q. RAIL CAR |
| <input type="checkbox"/> b. UNDERGROUND TANK | <input type="checkbox"/> f. CAN | <input type="checkbox"/> j. BAG | <input type="checkbox"/> n. PLASTIC BOTTLE | <input type="checkbox"/> r. OTHER |
| <input type="checkbox"/> c. TANK INSIDE BUILDING | <input type="checkbox"/> g. CARBOY | <input type="checkbox"/> k. BOX | <input type="checkbox"/> o. TOTE BIN | |
| <input type="checkbox"/> d. STEEL DRUM | <input type="checkbox"/> h. SILO | <input type="checkbox"/> l. CYLINDER | <input type="checkbox"/> p. TANK WAGON | |

STORAGE PRESSURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

STORAGE TEMPERATURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1 95

Waste Oil

☐ Yes ☒ No

NA

2

231

☐ Yes ☐ No

233

3

235

☐ Yes ☐ No

237

4

239

☐ Yes ☐ No

241

5

243

☐ Yes ☐ No

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR 2002 200 Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) PIAZZA TRUCKING INC 3

CHEMICAL LOCATION MAINTENANCE SHOP 201 CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # PA 0 0 2 1 6 8 1 203 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME Oxygen 205 TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME Oxygen 207 EHS* ☐ Yes ☒ No 208

CAS# 7782447 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211 RADIOACTIVE ☐ Yes ☒ No 212 CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS 214 LARGEST CONTAINER 249 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 125 217 MAXIMUM DAILY AMOUNT 249 218 ANNUAL WASTE AMOUNT NA 219 STATE WASTE CODE NA 220

UNITS* (Check one item only) ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221 DAYS ON SITE: 365 222
* If EHS, amount must be in pounds.

STORAGE CONTAINER ☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	229
2 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

COMPLETED

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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DIV	BN	STA <u>54</u>	OTHER	DISTRICT SE	CUPA LACOFD
			PA		

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY -- CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

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REPORTING YEAR **2002**

200

Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

P/22 A TRUCK LND INC

BY

3

CHEMICAL LOCATION

MAINTENANCE SHOP

201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA)

☐ YES ☒ NO

202

FACILITY ID #

F A 0 0 2 1 6 8 1

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

Ethylene Glycol

205

TRADE SECRET

☐ Yes ☒ No

206

If Subject to EPCRA, refer to instructions

COMMON NAME Waste Coolant

207

EHS*

☐ Yes ☒ No

208

CAS# **107211**

209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

210

HAZARDOUS MATERIAL TYPE (Check one item only)

☐ a. PURE ☐ b. MIXTURE ☒ c. WASTE

211

RADIOACTIVE

☐ Yes ☒ No

212

CURIES

213

PHYSICAL STATE

(Check one item only)

☐ a. SOLID ☒ b. LIQUID ☐ c. GAS

214

LARGEST CONTAINER

55

215

FED HAZARD CATEGORIES

(Check all that apply)

☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

27

MAXIMUM DAILY AMOUNT

218

55

ANNUAL WASTE AMOUNT

219

110

STATEWASTE CODE

220

134

UNITS*

(Check one item only)

☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS

221

DAYSON SITE:

365

222

STORAGE CONTAINER

☐ a. ABOVE GROUND TANK ☐ e. PLASTIC NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☒ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON

223

STORAGE PRESSURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1 50

226

Ethylene Glycol

227

☐ Yes ☒ No

228

107211

229

2

230

231

☐ Yes ☐ No

232

233

3

234

235

☐ Yes ☐ No

236

237

4

238

239

☐ Yes ☐ No

240

241

5

242

243

☐ Yes ☐ No

244

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

If EPCRA, Please Sign Here

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OFFICIAL USE ONLY

DATE RECEIVED **08/12/02**

REVIEWED BY **T. Proust**

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BN

STA **54**

OTHER

DISTRICT SE

CUPA LACoFD

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UNIFIED PROGRAM (UP) ORM
HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (FORM 2731)

(One page per material per building or area)

☐ ADD ☐ DELETE ☒ REVISE REPORTING YEAR 2002 Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Piazza Trucking				3	
CHEMICAL LOCATION Mechanics Shop		201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		202
FACILITY ID #	FA0	02	16	81	203
MAP# (optional)		203	GRID# (optional)		204

II. CHEMICAL INFORMATION

CHEMICAL NAME MOTO 2 Oil	205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206
COMMON NAME Oil 15W-40 MOTO 2 OIL		EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
CAS#	209	*If EHS is "Yes", all amounts below must be in lbs.	

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)				210	
HAZARDOUS MATERIAL TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212	
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	214	LARGEST CONTAINER 220	215	
FED HAZARD CATEGORIES (Check all that apply)	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH				216
AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT	218	ANNUAL WASTE AMOUNT	219
400 gallons		400 gallons		300 gallons	
STATE WASTE CODE 221				220	

UNITS* (Check one item only)	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	221	DAYS ON SITE: 7 days - 24 hrs.	222
STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW				
<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> c. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> q. RAILCAR
<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> r. OTHER
<input checked="" type="checkbox"/> c. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN	
<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> p. TANK WAGON	223

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	224
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
2	PETROLEUM OIL	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA 1270
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

n/a

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY		DATE RECEIVED 10/16/2002	REVIEWED BY
DIV	BN	STA 54	OTHER
DISTRICT		CUPA	PA

LATA OPS



MODIFICATION REQUEST

DISTRICT: SOUTHEAST DISTRICT OFFICE DATE: 7/23/02

TO: MINA / GABBY

BUSINESS NAME: Piazza Trucking Inc

FACILITY ID: 21681

MAJOR CHANGES

- ☐ NEW BUSINESS
- ☐ NEW OWNER
- ☐ OWNER NAME CHANGE
- ☐ BUSINESS NAME CHANGE
- ☒ # OF EMPLOYEE CHANGE (HAZ WASTE)
- ☐ ZIP CODE CHANGE
- ☐ MAJOR INVENTORY CHANGE INCREASE / DECREASE
- ☐ OUT OF BUSINESS
- ☐ SITE ADDRESS CHANGE
- ☐ MOVED
- ☐ RECORD COMPLAINT HAS BEEN ENTERED BY FMD / DATA

RECEIVED

JUL 24 2001

PARAMOUNT

LA SAME DON'T CHANGE
T.P.

COMMENTS: Changed from 15 to 72. Need
program element changed.

Also - They asked
to delete - did they remove
their oil

COMPLETED BY: TMA DATE: 7/23/02

Inventory / CCP Tracking Report

Printed By FIA
Printed Date 7/23/02

Facility : **FA0021681** **PIAZZA TRUCKING INC** Phone : 323-357-1999
9001 RAYO AVE SOUTH GATE **90280**

Owner : OW0021681 CareOf: BOB PIAZZA Work Phone : 323-357-1999
BASIL PIAZZA DBA: Home Phone : Not Specified
9001 RAYO AVE
SOUTH GATE CA 90280

Cert Mail : Dunn / Brad :

SIC : 7538 General automotive repair shops

Program Element : 3001 HM HANDLER, FEE GROUP 01
01

Previous Record : TBA

District : SOUTHEAST

Station : 054

Inventory Tracking Milestones

To Do Next

Inventory

* Current Status

Report Year 2001
Package Sent Date 11/27/01
Package Received Date 07/16/02
Correction Notice Sent Date
Correction Received Date
Note JIM ELLISON, 7/15/02

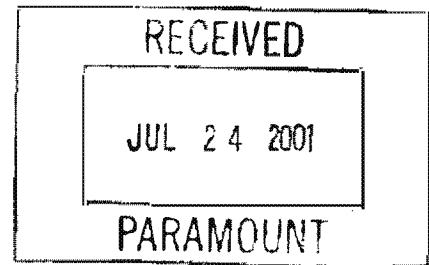
*Forward to District
Office*

CCP

CCP Tracking Milestones

* Current Status

Prior Deadline Date January 01, 1994
Report Year 1997
Package Sent Date 11/27/01
Package Received Date
Correction Notice Sent Date
Correction Received Date
Note



Cal-ARP section --

RS :



Los Angeles County • Certified Unified Program Agency
Health Hazardous Materials Division

INSPECTION SUMMARY REPORT

REFER REPLY TO:
Los Angeles County Fire Department
Health Hazardous Materials Division
7300 E. Alondra Blvd Ste., 203
Paramount, CA 90723
Attention: Thomas Provost

OWNER: PIAZZA TRUCKING INC.	BUSINESS: PIAZZA TRUCKING INC.	FA 0021681
ADDRESS: 9001 Rayo Ave. SOUTH GATE 90280		
CONSENT: ROBERT J. PIAZZA, VICE PRESIDENT	AUTH. REP. SIGNATURE: <i>[Signature]</i>	
INSPECTED BY: Thomas Provost	DATE: 08/12/02	

The following items, if applicable, have been inspected. This document constitutes a Summary of Violations and Notice to Comply if the violation (V) column is checked. Reference: Titles 19 and 22 of the California Code of Regulations (CCR), Chapters 6.5, 6.67, and 6.95 of the Health and Safety Code (HSC), and Titles 11 and 12 of the Los Angeles County Code (Co Ord)

☐ PERMIT REQUIRED: Submit completed Unified Program (UP) forms by _____ (Co Ord 12.50.075).

HAZARDOUS WASTE GENERATOR					
SUBJECT	SECTION	V	SUBJECT	SECTION	V
1 Hazardous waste determination	CCR 66262.11		24 Manifest copies retained for 3 years	CCR 66262.40(a)	
2 Proper disposal of hazardous waste	HSC 25189.5 (a)		25 Consolidated manifest requirements	HSC 25160.2	
3 Maintain/operate to prevent release/fire	CCR 66265.31		26 Hazardous waste transported by registered hauler	HSC 25163(a)	
4 Hazardous waste labeling	CCR 66262.34(f)	X	27 LDR documents retained onsite	CCR 66268.7(a)(6)	
5 Hazardous waste accumulation time	CCR 66262.34(a-d)		28 Hazardous waste analysis retained for 3 years	CCR 66262.40(c)	
6 Hazardous materials storage and labeling	CCR 66261.2(f)		29 Personnel training	CCR 66265.16	
7 Satellite accumulation	CCR 66262.34(e)		30 Contingency plan	CCR 66265.51	
8 Containers leaking or not in good condition	CCR 66265.171		31 Emergency preparedness/prevention	CCR 66265.30..37	
9 Hazardous waste containers closed	CCR 66265.173(a)	X	32 SB 14 requirements for LQGs	CCR 67100.3	
10 Separation of incompatible materials	CCR 66265.177(c)		33 Biennial Report requirements	CCR 66262.41	
11 Retrograde/accumulated speculatively	CCR 66262.10		34 Excluded recyclable material management	HSC 25143.2/9	
12 Empty containers	CCR 66261.7	X	35 Recyclable Material Report	HSC 25143.10	
13 Used oil management	CHSC 25250.4		36 Site assessment requirements	HSC 25187(a)(1)	
14 Used oil filter management	CCR 66266.130	X	37 Closure requirements	CCR 66265.111/114	
15 Used battery management	CCR 66266.81		38 Reckless management of hazardous waste	HSC 25189.6	
16 Contaminated textile management	HSC 25144.6		40 Other violation(s) - see narrative section		
17 Container inspection - weekly	CCR 66265.174	X	HAZARDOUS MATERIALS HANDLER		
18 Tank inspection - daily	CCR 66265.195				V
19 Tank operating requirements	CCR 66265.194		60 Contingency plan/inventory submitted	HSC 25503.5	X
20 EPA ID number (call 800-618-6942 to obtain)	CCR 66262.12		61 Plan and inventory updated & accurate	HSC 25505	X
21 Hazardous waste transported with manifest	CCR 66262.20		62 Regulated substance registration	HSC 25533(a)	
22 Hazardous waste manifest complete	CCR 66262.23		ABOVEGROUND PETROLEUM STORAGE TANK		
23 Manifest copies to DTSC	CCR 66262.23(a)(4)				V
			70 SPCC Plan onsite	HSC 25270.3	

☐ NO SIGNIFICANT VIOLATIONS OBSERVED ON DATE OF INSPECTION.

☒ NOTICE OF VIOLATION: THE VIOLATION(S) CITED MUST BE CORRECTED BY 09/12/02

FAILURE TO COMPLY MAY RESULT IN LEGAL ACTION AND/OR A REINSPECTION FEE.

4. Used oil ^{containers} ~~drums~~ lacked labels. label containers properly
9. Used oil containers, used solvent and used oil filter containers lacked seals and proper tight fitting lids with holes. Provide lids and seals for the containers.
12. Store empty gas cylinders safely ~~with~~ by securing with a chain to a wall or building.
14. Label used oil filter drum. 17. Inspect containers weekly for labeling, closed containers, spills etc. and document inspections. Records not available.
61. Complete and submit inventory and contingency plan. Submitted plan was incomplete.

Unified Program (UP) Form CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Location *	4. Description **
Personal Protective, Equipment, Safety Equipment, And First Aid Equipment	<input type="checkbox"/> Cartridge Respirators <input type="checkbox"/> Chemical Monitoring Equipment (describe) <input type="checkbox"/> Chemical Protective Aprons/Coats <input type="checkbox"/> Chemical Protective Boots <input checked="" type="checkbox"/> Chemical Protective Gloves <input type="checkbox"/> Chemical Protective Suits (describe) <input type="checkbox"/> Face Shields <input checked="" type="checkbox"/> First Aid Kits/Stations (describe) <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Plumbed Eye Wash Stations <input checked="" type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type) <input type="checkbox"/> Respirator Cartridges (describe) <input checked="" type="checkbox"/> Safety Glasses/Splash Goggles <input type="checkbox"/> Safety Showers <input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA) <input type="checkbox"/> Other (describe)	Mechanics Shop & Office Office Warehouse Washroom	
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems <input type="checkbox"/> Fire Alarm Boxes/Stations <input checked="" type="checkbox"/> Fire Extinguisher Systems (describe) <input type="checkbox"/> Other (describe)	Throughout the bldg.	Checked quarterly
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (describe) <input type="checkbox"/> Berms/Dikes (describe) <input type="checkbox"/> Decontamination Equipment (describe) <input type="checkbox"/> Emergency Tanks (describe) <input type="checkbox"/> Exhaust Hoods <input type="checkbox"/> Gas Cylinders Leak Repair Kits (describe) <input type="checkbox"/> Neutralizers (describe) <input checked="" type="checkbox"/> Overpack Drums <input type="checkbox"/> Sumps (describe) <input type="checkbox"/> Other (describe)		
Communications And Alarm Systems	<input type="checkbox"/> Chemical Alarms (describe) <input type="checkbox"/> Intercoms/ PA Systems <input checked="" type="checkbox"/> Portable Radios <input checked="" type="checkbox"/> Telephones <input type="checkbox"/> Underground Tank Leak Detection Monitors <input type="checkbox"/> Other (describe)		
Additional Equipment (Use Additional Pages if Needed.)			

* Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.

** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.



**LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040**

HAZARDOUS MATERIALS STATE REPORTING FORMS

Attached are your Annual Hazardous Materials Reporting forms. These forms are to be completed and returned to this Department on or before December 31. Failure to complete and return these forms by December 31, may result in fines and penalties. If you require assistance in completing these forms, please feel free to contact the Los Angeles County Fire Department, Health Hazardous Materials Division, Data Operations Unit at (323) 890-4000, Monday through Friday 9:00 A.M. to 4:00 P.M.

To avoid late penalties, this Department recommends use of CERTIFIED MAIL to ensure delivery of these forms before the December 31 deadline. Sign and date the Annual Certification Section below and keep a copy of the entire package for your records.

ANNUAL RE-CERTIFICATION PROCEDURE

12/15/2002

Attached is this Department's latest computer print-out of your chemical inventory information. Carefully review and correct any information that may be incorrect or obsolete by crossing-out and writing in the changes. **If you handle Regulated Substances (RS) at or above threshold quantities, you must submit a Regulated Substance Registration for each RS for each process.** Check the appropriate box(es) below that (most) corresponds to your facility's information.

- ☒ **Delete:** If you no longer handle the chemical(s) listed on the chemical inventory computer print-out **WRITE DELETE** across the discontinued chemical inventory computer print-out(s).
- ☐ **Add:** If you are handling new chemical(s) not previously disclosed. **MAKE COPIES OF CHEMICAL DESCRIPTION FORM AND COMPLETE** all information on the form. If applicable, complete the Regulated Substance Registration form (one form per chemical).
- ☐ **Revise/Update:** If there are corrections to your inventory information, cross out the errors and **CLEARLY PRINT** the corrections directly onto the inventory computer print-out.
- ☐ **No Change:** Mark this Box if there are no changes to the current inventory.
- ☐ **Regulated Substance Registration:** If you are handling a Regulated Substance not previously disclosed, you must also **COMPLETE** the Regulated Substance Registration form. A list of Regulated Substances is attached for reference.

ANNUAL CERTIFICATION

I certify under penalty of law that I have personally examined the information submitted herein and believe the submitted information is true, accurate, and complete. Enclosed is our chemical inventory.

J.M. Ellison
Print Name of Document Preparer

BOBBY PIAZZA
Print Name of Owner/Operator

[Signature]
Signature of Owner/Operator

9001 RAYO AVE S GATE
Facility/Site Address

7/15/02
Date

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

☐ ADD

☐ DELETE

☒ REVISE

 REPORTING YEAR **2002**

200

Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

PIAZZA TRUHLING INC

3

CHEMICAL LOCATION

MAINTENANCE SHOP

201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA)

☐ YES ☒ NO

202

FACILITY ID #

F A O 0 2 1 6 8 1

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

205

Petroleum Hydrocarbon Waste

TRADE SECRET

☐ Yes ☒ No

206

If Subject to EPCRA, refer to instructions

 COMMON NAME **Waste Oil**

207

EHS*

☐ Yes ☒ No

208

 CAS# **NA**

209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

210

HAZARDOUS MATERIAL TYPE (Check one item only)

☐ a. PURE ☐ b. MIXTURE ☒ c. WASTE

211

 RADIOACTIVE ☐ Yes ☒ No

CURIES

213

PHYSICAL STATE (Check one item only)

☐ a. SOLID ☒ b. LIQUID ☐ c. GAS

214

LARGEST CONTAINER

120

215

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

120

MAXIMUM DAILY AMOUNT

218

240

ANNUAL WASTE AMOUNT

219

480

STATE WASTE CODE

220

221

UNITS*

(Check one item only)

☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS

221

DAYS ON SITE:

365

222

STORAGE CONTAINER

☒ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAILCAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON

223

STORAGE PRESSURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1

95

226

Waste Oil

227

☐ Yes ☒ No

228

NA

229

2

230

231

☐ Yes ☐ No

232

233

3

234

235

☐ Yes ☐ No

236

237

4

238

239

☐ Yes ☐ No

240

241

5

242

243

☐ Yes ☐ No

244

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY

DATE RECEIVED

08/02/2002

REVIEWED BY

T. Provost

DIV

BN

STA

54

OTHER

DISTRICT SE

CUPA LACoFD

PA

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

☒ ADD

☐ DELETE

☐ REVISE

REPORTING YEAR **2002**

200

Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

3

CHEMICAL LOCATION

201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO

202

FACILITY ID #



FA

0

0

2

1

6

8

1

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

205

Oxygen

TRADE SECRET

☐ Yes ☒ No

206

If Subject to EPCRA, refer to instructions

COMMON NAME Oxygen

207

EHS*

☐ Yes ☒ No

208

CAS# 7782447

209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

210

HAZARDOUS MATERIAL TYPE (Check one item only)

☒ a. PURE

☐ b. MIXTURE

☐ c. WASTE

211

RADIOACTIVE ☐ Yes ☒ No

212

CURIES

213

PHYSICAL STATE (Check one item only)

☐ a. SOLID

☐ b. LIQUID

☒ c. GAS

214

LARGEST CONTAINER

249

215

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE

☐ b. REACTIVE

☒ c. PRESSURE RELEASE

☐ d. ACUTE HEALTH

☐ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

125

MAXIMUM DAILY AMOUNT

218

249

ANNUAL WASTE AMOUNT

219

NA

STATE WASTE CODE

220

NA

UNITS*

(Check one item only)

☐ a. GALLONS

☒ b. CUBIC FEET

☐ c. POUNDS

☐ d. TONS

221

DAYS ON SITE:

365

222

* If EHS, amount must be in pounds.

STORAGE CONTAINER

☐ a. ABOVE GROUND TANK

☐ b. UNDERGROUND TANK

☐ c. TANK INSIDE BUILDING

☐ d. STEEL DRUM

☐ e. PLASTIC/NONMETALLIC DRUM

☐ f. CAN

☐ g. CARBOY

☐ h. SILO

☐ i. FIBER DRUM

☐ j. BAG

☐ k. BOX

☐ l. CYLINDER

☐ m. GLASS BOTTLE

☐ n. PLASTIC BOTTLE

☐ o. TOTE BIN

☐ p. TANK WAGON

☐ q. RAILCAR

☐ r. OTHER

223

STORAGE PRESSURE

☐ a. AMBIENT

☒ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

☐ d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1

226

227

☐ Yes ☒ No

228

229

2

230

231

☐ Yes ☐ No

232

233

3

234

235

☐ Yes ☐ No

236

237

4

238

239

☐ Yes ☐ No

240

241

5

242

243

☐ Yes ☐ No

244

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY

DATE RECEIVED

08/12/2002

REVIEWED BY

T. P. West

DIV

BN

STA

54

OTHER

DISTRICT SE

CUPA LACoFD

PA

UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY -- CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

☒ ADD ☐ DELETE ☐ REVISE REPORTING YEAR **2002** 200 Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) P1A22 A TRUCK LINE INC										3
CHEMICAL LOCATION MPB INTERCHANGE (HCP)										201
CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										202
FACILITY ID #		F A 0		0 2 1 6 8 1		MAP# (optional)		GRID# (optional)		204

II. CHEMICAL INFORMATION

CHEMICAL NAME Ethylene Glycol		205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		206
COMMON NAME Waste Coolant		207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		208
CAS# 107211		209	*If EHS is "Yes", all amounts below must be in lbs.		
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)					

HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE		211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		212	CURIES		213
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		214	LARGEST CONTAINER 55		215			
FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH								
AVERAGE DAILY AMOUNT 27		217	MAXIMUM DAILY AMOUNT 55		218	ANNUAL WASTE AMOUNT 110		219
		220	STATE WASTE CODE 134		221			

UNITS* (Check one item only) <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		221	DAYS ON SITE: 365		222
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON					

STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		224
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC		225

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	50	Ethylene Glycol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	107211
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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				PA	



UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (FORM 2731)
(One page per material per building or area)

☐ ADD ☐ DELETE ☒ REVISE REPORTING YEAR 2002 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)		3	
Piazza Trucking			
CHEMICAL LOCATION	201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	202
Mechanics Shop			
FACILITY ID #	FA0021681	MAP# (optional)	203
		GRID# (optional)	204

II. CHEMICAL INFORMATION

CHEMICAL NAME	205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206				
MOTOR Oil		If Subject to EPCRA, refer to instructions					
COMMON NAME	207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208				
Oil 15W-40 MOTOR OIL							
CAS#	209	*If EHS is "Yes", all amounts below must be in lbs.					
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)				210			
HAZARDOUS MATERIAL TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212			
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	214	LARGEST CONTAINER	215			
FED HAZARD CATEGORIES (Check all that apply)	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			216			
AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT	218	ANNUAL WASTE AMOUNT	219	STATE WASTE CODE	220
400 gallons		400 gallons		300 gallons		221	
UNITS* (Check one item only)	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS			DAYS ON SITE:	222		
* If EHS, amount must be in pounds.				7 days - 24 hrs.			

STORAGE CONTAINER CODE-CHECK THE APPROPRIATE BOX BELOW

<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> q. RAILCAR
<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> r. OTHER
<input checked="" type="checkbox"/> c. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN	
<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> p. TANK WAGON	

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	224
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	n/a PETROLEUM OIL	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA1270
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION	246
n/a	

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

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UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY -- CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

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REPORTING YEAR **2002**

200 Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA -- Doing Business As)

PIAZZA TRUCK LINE INC

BP

CHEMICAL LOCATION

MAINTENANCE SHOP

201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO

202

FACILITY ID #

F A 0 0 2 1 6 8 1

MAP# (optional)

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

Ethylene Glycol

205

TRADE SECRET ☐ Yes ☒ No

206

If Subject to EPCRA, refer to instructions

COMMON NAME **Waste Coolant**

207

EHS*

☐ Yes ☒ No

208

CAS# **107211**

209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

210

HAZARDOUS MATERIAL TYPE (Check one item only)

☐ a. PURE ☐ b. MIXTURE ☒ c. WASTE

211

RADIOACTIVE ☐ Yes ☒ No

212

CURIES

213

PHYSICAL STATE

(Check one item only)

☐ a. SOLID ☒ b. LIQUID ☐ c. GAS

214

LARGEST CONTAINER

55

215

FED HAZARD CATEGORIES

(Check all that apply)

☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

27

MAXIMUM DAILY AMOUNT

218

55

ANNUAL WASTE AMOUNT

219

110

STATE WASTE CODE

220

134

UNITS*

(Check one item only)

☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS

221

* If EHS, amount must be in pounds

DAYS ON SITE:

222

365

STORAGE CONTAINER

☐ a. ABOVE GROUND TANK

☐ e. PLASTIC/NONMETALLIC DRUM

☐ i. FIBER DRUM

☐ m. GLASS BOTTLE

☐ q. RAILCAR

☐ b. UNDERGROUND TANK

☐ f. CAN

☐ j. BAG

☐ n. PLASTIC BOTTLE

☐ r. OTHER

☐ c. TANK INSIDE BUILDING

☐ g. CARBOY

☐ k. BOX

☐ o. TOTE BIN

☒ d. STEEL DRUM

☐ h. SILO

☐ l. CYLINDER

☐ p. TANK WAGON

223

STORAGE PRESSURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

☐ d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1 50

226

Ethylene Glycol

227

☐ Yes ☒ No

228

107211

229

2

230

231

☐ Yes ☐ No

232

233

3

234

235

☐ Yes ☐ No

236

237

4

238

239

☐ Yes ☐ No

240

241

5

242

243

☐ Yes ☐ No

244

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

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UNIFIED PROGRAM (UP) FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

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REPORTING YEAR

2002

200

Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

PIAZZA TRUCKING INC

DP

3

CHEMICAL LOCATION

MAINTENANCE SHOP

201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA)

☐ YES ☒ NO

202

FACILITY ID #

FA0021681

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

Petroleum Hydrocarbon Waste

205

TRADE SECRET

☐ Yes ☒ No

206

If Subject to EPCRA, refer to instructions

COMMON NAME Waste Oil

207

EHS*

☐ Yes ☒ No

208

CAS# NA

209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

210

HAZARDOUS MATERIAL TYPE (Check one item only)

☐ a. PURE ☐ b. MIXTURE ☒ c. WASTE

211

RADIOACTIVE

☐ Yes ☒ No

212 CURIES

213

PHYSICAL STATE (Check one item only)

☐ a. SOLID ☒ b. LIQUID ☐ c. GAS

214

LARGEST CONTAINER

120

215

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

120

MAXIMUM DAILY AMOUNT

218

240

ANNUAL WASTE AMOUNT

219

480

STATE WASTE CODE

220

221

UNITS*

(Check one item only)

☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS

* If EHS, amount must be in pounds.

221

DAYS ON SITE:

365

222

STORAGE CONTAINER

- ☒ a. ABOVE GROUND TANK
☐ b. UNDERGROUND TANK
☐ c. TANK INSIDE BUILDING
☐ d. STEEL DRUM

☐ e. PLASTIC/NONMETALLIC DRUM
☐ f. CAN
☐ g. CARBOY
☐ h. SILO

☐ i. FIBER DRUM
☐ j. BAG
☐ k. BOX
☐ l. CYLINDER

☐ m. GLASS BOTTLE
☐ n. PLASTIC BOTTLE
☐ o. TOTE BIN
☐ p. TANK WAGON

☐ q. RAIL CAR
☐ r. OTHER

223

STORAGE PRESSURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 95	Waste Oil	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

If EPCRA, Please Sign Here

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REPORTING YEAR **2002**

200 Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

PIAZZA TRUCK INC

BT

CHEMICAL LOCATION

MAINTENANCE SHOP

201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO

202

FACILITY ID #

FA 0 0 2 1 6 8 1

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

Oxygen

205

TRADE SECRET

☐ Yes ☒ No

206

If Subject to EPCRA, refer to instructions

COMMON NAME **Oxygen**

207

EHS*

☐ Yes ☒ No

208

CAS# **7782447**

209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

210

HAZARDOUS MATERIAL TYPE (Check one item only)

☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE

211

RADIOACTIVE

☐ Yes ☒ No

212

CURIES

213

PHYSICAL STATE (Check one item only)

☐ a. SOLID ☐ b. LIQUID ☒ c. GAS

214

LARGEST CONTAINER

249

215

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

125

MAXIMUM DAILY AMOUNT

218

249

ANNUAL WASTE AMOUNT

219

NA

STATE WASTE CODE

220

NA

UNITS*

(Check one item only)

☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS

* If EHS, amount must be in pounds.

221

DAYS ON SITE:

365

222

STORAGE CONTAINER

☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON

223

STORAGE PRESSURE

☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1

226

227

☐ Yes ☒ No

228

229

2

230

231

☐ Yes ☐ No

232

233

3

234

235

☐ Yes ☐ No

236

237

4

238

239

☐ Yes ☐ No

240

241

5

242

243

☐ Yes ☐ No

244

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

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